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NATURE OF INTERACTION IN ELDERLY MOTHER AND ELDERLY DAUGHTER DYADS

by

ROLANDE GARTNER

(C)

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH

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Date 27 March, 1984

DEDICATION

To my husband Dennis and to my daughters,
Renee and Celine who never wavered in
their love and support and who never
doubted successful completion of the study.

ABSTRACT

The purpose of the study is to explore the nature of the interaction between elderly mothers and elderly daughters in dyads where both are over the age of sixty years and live in the same household. Although studies have recently been reported regarding middle aged parent child interactions, especially in caregiver caretaker roles, the group in question has rarely been addressed in the literature.

Qualitative descriptive inductive methods were used in this study. A convenience sample of seven dyads residing in an urban Western Canadian city was studied using tape recorded unstructured interviews and participant observation. Data were analyzed by identifying relationships and themes in the data consistent with grounded theory. Interactional patterns were viewed in both congenial and antipathetic dyads within a pattern of dominance and subordination which appeared to have remained stable throughout the interviewees' lives.

Perceived freedom and health were termed as the most important components of living for all elderly mothers and daughters who typically compared themselves to peers in order to estimate their relative position. The study rejects the concept of role reversal. Instead it was found that while tasks within a role, or the content of the role of mother or daughter frequently changed, the role itself remained unchanged.

Conflict was evident in most dyads. Congenial dyads had better problem solving and communication skills coupled with a good sense of humor, enabling them to deal with conflict in a more effective manner than antipathetic dyads. Perceived good health and maintenance of a desirable activity level generally led to a positive attitude toward aging and change. It was found that all elderly mothers and daughters were conscious of the possibility of their own death and the death of each other. Most held institutionalization in abhorrence. Elderly mothers and daughters obtained a great deal of support from each other and from other family members but frequently took that support for granted. Not surprisingly, elderly mothers generally felt less need to get away than elderly daughters and were generally more satisfied with sedentary, at home activities. The issues of duty or obligation toward one's parent and expectation of one's child were salient to some, as was religion. The implications for nursing and the need for further research are discussed in terms of hypotheses which are derived from the study and which are suggested for testing.

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TABLE OF CONTENTS

	Page
DEDICATION	iv
ABSTRACT	v
ACKNOWLEDGEMENTS	vii
CHAPTER	
I. INTRODUCTION	1
Overview of the Study	1
Need for the Study	2
Statement of the Problem	5
Definition of Terms	5
II. SURVEY OF THE LITERATURE	7
Definition of Aging	7
Demographic Trends	8
General Perspectives About the Aging Family	8
Change Within the Family	8
Support	9
Sex Segregation in Provision of Support	10
Significance of Family Relationships	11
Quality of Family Relationships	12
Middle Aged Parent Child Relationships	12
Daughters as Caregivers	13
Quality of Middle Aged Parent Child Relationships	13

Page

Factors Affecting Quality of Relationships 15

Elderly Parent Child Relationships 16

Impact of Parental Aging on Children 16

Role Adjustment 17

Parent Child Relationships in Shared Households 18

III. METHODOLOGY 20

Interviewees 21

Summary of Demograhic Data 22

Data Collection 23

Data Analysis 26

Reliability and Validity 27

Ethical Considerations 29

IV. RESULTS 30

Overview of the Mother Daughter Relationship 30

Companionship Aspect of the Relationship 31

Independence and Dependence 33

Evolution of the Relationship 35

What is Important in Life 37

Freedom 38

Health 40

Guilt 41

Comparison to Others 42

Finances 43

Page

Humor 44

Role Stability and Task Relinquishment 45

Role Stability 45

Task Relinquishment 46

Stages of Task Relinquishment 47

Reversibility of Task Relinquishment 48

Task Relinquishment and Conflict 48

External Task Relinquishment 49

Summary 49

Conflict and Decision Making 50

Change and Aging 53

Change 53

Aging 55

Death 58

Death of Father 58

Death of Mother 59

Death of Daughter 61

Feelings About Institutionalization 62

Support 66

Amount of Support Required 66

Support to Elderly Daughters 68

Support to Elderly Mothers 69

Failed Attempts to Get Support 71

Page

Expected Support from Family 72
Religion 74
Nursing Care 76
Monitoring Physical Status 76
Support 77
"Knowing Mother" 77
"Knowing Something" 78
V. DISCUSSION 81
Delimitations of the Study 81
Discussion of Findings 83
Types of Relationships 83
Living Arrangements 84
Freedom 84
Health 84
Comparison to Others 85
Role Stability 85
Task Relinquishment 86
Conflict 87
Change 87
Aging 87
Death 89
Institutionalization 90
Support 90
Religion 92

Page

Nursing Care 93

Summary of Findings 94

Propositions Generated from the Data 96

Nursing Implications 98

VI. CONCLUSIONS 103

Contribution to Nursing Knowledge 105

REFERENCES 107

APPENDIX 1 116

APPENDIX 2 118

APPENDIX 3 120

APPENDIX 4 122

CHAPTER I

INTRODUCTION

Overview of the Study

As families mature, ties between generations continue to be strong and viable. It is evident that adult children do not abdicate their responsibilities to their aging parents, but rather, continue contacts and exchanges of services (Rosow, 1965; Sussman, 1965; Shanas, 1979). Historically, adult children, primarily daughters, have provided the majority of care services toward the elderly. With the oldest segment of the population rapidly increasing in size, those on whom the elderly depend are more likely to be in the aging phase of life themselves (Brody, 1978). Although older people generally prefer to live independently, a substantial minority live with children or other relatives (Abu Laban, 1980; "Long Term Care", 1981; and Ward, 1978).

Literature regarding the aging parent child relationship is prevalent but results are inconclusive. Frequently only one member of the dyad is studied, resulting in a biased, one sided perspective. Furthermore, there is scant literature dealing with the nature of the parent and child relationship where both parent and child are over the age of 60 years. There is also little known about the quality and meaning of interactions between older people and their families. While existing patterns of interaction provide instrumental rewards they do not necessarily imply emotional closeness or warmth in that contacts may be largely ritualistic (Ward, 1978).

Thompson & Walker (1982) and Marshall & Bengston (1981) encourage family researchers to study more than one member of the relationship. In dyadic research, assessment of the individual characteristics of both members of the dyad and assessment of properties or patterns of interdependence are undertaken.

The purpose of this study was to explore the nature of the interaction between elderly mothers and elderly daughters in dyads. Both members of the dyad were over the age of sixty years and lived in the same household.

Need for the Study

Nurses have long advocated their role in caring for families (Tinkham & Voorhies, 1977). It is also acknowledged that the family undergoes a series of developmental sequences over time thus maintaining continuity in relationships (Friedman, 1980; Lewis et al., 1976).

The study of parent child dyads where both are over 60 years has been largely overlooked in the current research literature. In order to understand how two people, elderly mothers and elderly daughters, interact, it is necessary to know what each member brings to the relationship and how each member develops within it. A body of literature exists regarding elderly women and elderly families, however few authors have written about the dyad in question.

Although no specific statistics are available as to the prevalence of elderly mother daughter dyadic relationships in the same household, several authors (Abu Laban, 1980; "Long Term Care", 1981; and Ward, 1978) have reported that a substantial minority of elderly persons live

in shared households with children or other relatives. Families still remain the first group of support in caring for elderly family members. More specifically, there is evidence that daughters typically provide that support to the parent (Brody, 1974; Cicirelli, 1981; and Stevenson, 1980). Because female life expectancy is greater than male life expectancy, daughters are frequently in a position to provide support to their widowed mothers. Thus this study will provide new information on two person households of this type.

There is a clear message to the clinician of the need for awareness and exploration of the meaning of this mother daughter relationship. Study of this group is important to provide information on an unexplored area of human interaction in which nursing practice will become increasingly involved.

Nurses must have a greater understanding of the nature of elderly interactions with significant persons at home, in this case elderly mothers and their elderly daughters, in order to recognize and enhance the positive aspects of the relationship. As stated by Brody (1974) the knowledge available about aging families is derived largely from contacts with families in crisis resulting from the increased dependency of an elderly family member. It is necessary to distinguish between normal healthy dependence and that which is extreme or pathological.

It can be projected that one or the other member of the dyad will at some time enter hospital or develop some type of dependency, thus disrupting the relationship (Streib, 1983). Blau (1973) reports that 81% of people 65 years of age and older suffer from one or more chronic conditions. Brody (1981) notes that while the elderly are not typical-

ly ill or dependent there is undeniable evidence that dependence increases with age.

In order to enhance elderly mother daughter interactions, for example, by evaluating required community services or in providing information and support to members of the dyad (Neugarten, 1979), it is important for nurses to be aware of the relationship in this dyad. Awareness of the interaction becomes particularly important because daughters have been and still are, the primary support system for elderly parents (Cicirelli, 1981).

Information obtained in this study will be useful in providing a premise on which to base further research into this dyad, thus guiding nursing care of this group. Furthermore, the information acquired will be useful in planning programs that directly impact elderly mother daughter dyads. The study should provide knowledge and understanding for nurses working with elderly mother daughter dyads.

It is hoped that as a result of the knowledge derived from this study, the mother daughter dyadic relationship will be better understood. This knowledge is important for improving nursing practice to this segment of the population. Awareness of the dynamics of the relationships that exist will provide the necessary background information to anticipate problems earlier and to institute sound care plans at an earlier stage than otherwise would have been possible. Further, the purpose of such information could be used in the practice of nursing to promote the health of the mother daughter dyad by facilitating their interaction.

Statement of the Problem

The purpose of the study was to explore the nature of the interaction between elderly mothers and elderly daughters in dyads where both are over the age of 60 years and live in the same household.

The research questions were:

1. What is the nature of the interaction between elderly mother and elderly daughter in the dyad?
2. What are the characteristics that make this dyad important for nursing?

Definition of Terms

Elderly mother - This is defined as a female parent of single marital status (widow, separated, divorced or never married) who has an elderly daughter over the age of 60 years and who has been living in the same household as the elderly daughter for one year or more.

Elderly daughter - This is defined as a female, 60 years of age or older, having the relation of child to the elderly mother either through blood or adoption, of single status (widow, separated, divorced or never married), and who has been living in the same household as the elderly mother for one year or more.

Interaction - This is defined as a mutual or reciprocal action, influence or exchange between two people, in this case the elderly mother and the elderly daughter.

Dyad - This is defined as two individuals (in this case, an elderly mother and elderly daughter) maintaining a common household, who have maintained an enduring, mutually interdependent relationship.

CHAPTER II

SURVEY OF THE LITERATURE

The literature will be analyzed in various ways. Firstly, broad demographic trends will be discussed followed by general perspectives regarding the aging family.

Secondly, the dominant problems and issues related to the middle aged child parent relationship will be addressed. Issues in family development related to the aging child parent relationship will be discussed, followed by a discussion of parent child relationships in shared households. Focus will be on mother daughter relationships.

Definition of Aging

Much of the existing data use the age of 65 years as a turning point marking old age. As pointed out by Shanas (1981), such a definition of old age based on calendar age serves to provide a basis on which to base government benefits, private and public pensions and discounts for goods and services. The group over 65 years ranges in age from 65 to over 100, a span of two generations. Various categories of age have emerged in the literature. For instance, Neugarten (1975) has divided the aged group into two categories: the young old, aged 55-74, and the old old, aged 75 and over. Cain (1974) reports that legal definitions of "old" begin as early as 45 and as late as 72 years. Abu Laban (1980) stresses the need to differentiate between 65 - 74 year olds and those who are 75 and over.

Demographic Trends

Women out number men in the over 60 age category (Statistics Canada, 1980) and the gap between the number of men and women is expected to widen especially for the higher age category (Collins, 1978). Until 1951 men and women made up approximately equal proportions of the elderly population. Since then the percentage of elderly women has increased and is expected to continue to increase at a higher rate than the percentage of elderly men, due primarily to the significantly longer life expectancy for women (Auerback, 1976). By the year 2001 women are projected to out number men by a ratio of 2:1 in the category over 75 years. In the category from 65-74 years there will be 76-80 men per 100 women by the year 2001. The global phenomenon of women comprising a majority of the aged population is an irrefutable fact.

In 1921 five percent of Canadians were over 65 years. The proportion gradually increased and, by 1976, nine percent of the national population was over 65 years. According to Fletcher & Stone (1980), unless there is an upsurge in the birth rate in the near future, by the year 2031, 18% of the Canadian population will be over 65 years.

General Perspectives About the Aging Family

Change Within the Family

Predictable changes accompany the maturation of the family, notably a contraction in household size through dispersal of offspring (Treas, 1975). It is frequently assumed that the closest social

relationships among people are contained in the family circle (Lopata, 1973). Individuals, however develop at different paces and assume a variety of roles over a lifetime (Hareven, 1978).

With the broader trend toward smaller and private households most elderly women live alone or with a spouse. The majority of women over the age of 65 years are widows (Statistics Canada, 1980). Conclusion of the family life cycle through death of a spouse involves marital dissolution and acquisiton of the new role of widowhood (Treas, 1975). Since women live longer than men and the majority of women marry, the majority can expect to become widows.

Currently, the children of most older people are middle aged with about one out of ten over the age of 65 years (Atchley, 1978). Since the proportion of children over the age of 65 years will increase in the future, there is likely to be increased reliance of the very old on already retired children. Poverty and poor health contribute to dependency, and the greater the dependency the more likely parents and children are to have negative feelings toward themselves and each other (Troll et al, 1979).

Support

Although many changes take place within the family, the family can be seen as a resource for helping individuals with change (Treas, 1975). This resource comes about through the kinship aid network and through emotional and reciprocal support. Decline in family size and geographic mobility may contribute to smaller networks of accessible relations but at the same time gains in longevity lead to an increase in the number of four generation families, thus equalizing the number

of available family members able to provide support (Kahn & Antonucci, 1981).

Although the family may fall short of meeting all the support needs of the elderly woman, there is no evidence in the literature to suggest that demographic changes have altered the pattern of interaction between elderly parent and child. Even when physical separation of parent and child occurs, emotional ties remain strong (Shanas & Sussman, 1977).

Sussman (1976) states that the elderly have been involved in kin family networks, even if segmented because of time, mobility (social or occupational) and proximity, and there is a pull factor to restore and reinforce such ties in the later years. Troll et al. (1979) and Lopata (1979) concur that while older people sometimes disengage from their roles outside the family, they rarely disengage from their involvement within the family. Family and kin will continue to be primary groups who will provide support and respond in service and kind when members are in need. For example, kin may be used as a means of entry into social order and as buffers against the pressures of interacting with governmental and societal programs and institutions.

Sex Segregation in Provision of Support

Kinship interaction and emotional involvement when they exist tend to be sex segregated (Stevenson, 1980; and Sussman, 1965). The same is true for the relationship that parents have with their offspring. The elderly tend to turn to daughters in time of crisis (Sussman, 1976). Similarly the vast majority of services provided to the old are provided principally by daughters and daughters-in-law (Brody, 1979), and this family member typically assumes or is delgated the role of

responsible member (Silverstone & Hyman, 1976). The willingness to respond such as in the event of illness and the actual response should not be equated with a feeling of competence by the family or by the female family member to care for an ill relative for prolonged periods of time. Additional outside support may be required to maintain long term caretaking responsibilities.

Significance of Family Relationships

One of the new issues in the study of families is the quality of human relationships within families, such as frequency of contact, mutual obligations for helping, and bonds and feelings between people (Troll et al, 1979). Families react to the aging of their relatives in terms of their shared family experience and values. Tightness of family boundaries also affect relationships with kin and social networks. Those accustomed to interacting primarily with family members are less likely to seek outside social or community agencies for support (Troll, 1980). Older people in general prefer whenever possible to live in their homes but near their children (Troll et al, 1979). They want continued and frequent contact with their children and continued independence. Recent surveys have shown that an overwhelming proportion of those over the age of 65 years live near at least one child and that constant interchange of visits, phone calls and assistance between older parents and at least one of several children is the rule rather than the exception (Troll et al., 1979). The quality of the contact is not addressed. Although it would seem that parent child relationships in later life are moving toward a voluntaristic model involving two status equals who are essentially independent of each other (Hess & Waring, 1978), the myth that the elderly are abandoned by

their families does not hold true (Streib & Shanas, 1965; Government of Canada, 1982).

Quality of Family Relationships

Atchley & Corbett (1977) discuss the quality of contact in parent child relationships in that family connections may be instrumental or intimate. The instrumental reasons for interacting can be of an extrinsic nature. For instance, the individuals may keep a network of mutual obligations to serve in time of need, in fear of social disapproval or guilt. In an intimate relationship individuals are closely involved over time or over particular critical life periods. Perhaps the two categories are not mutually exclusive. Family relationships can be so complex that there are no unitary motivations for the interaction.

Middle Aged Parent Child Relationships

There is a developing body of literature addressing middle aged child parent relationships. There are few institutionalized socialization mechanisms which enable aging individuals to reach new roles and new expectations. Such factors contribute to the difficulties that can accompany the normal transitions of aging for parents and middle aged children (Bengtson & Treas, 1980).

Various terms such as "sandwich generation" and "caught in the middle" are frequently used when describing the lot of this generation (Vincent, 1972; Rosenthal, 1982). The middle aged child is often caught between feelings of obligation to children, spouse and work and feelings of obligation to parents. Because of the recent trend in

increased longevity of the elderly a middle aged couple now is also more likely to have one or more parents about whom they must be/are concerned (Kalish, 1975).

Daughters as Caregivers

Since most elderly turn to daughters in time of need one might speculate that there is an increase in the amount of intergenerational association when both middle and older generations are female. Bengtson et al (1976) stress that the nearer the place of residence, the greater the anticipated amount of association. Gelein-Larson & Heiple (1981) stress changes in the daughter role as parents age. Since most middle aged women are now in the workforce they may face tremendous pressures, changes in their own lives, conflicts, demands and obligations which may be impossible to fulfill (Stevenson, 1980).

According to Poulshock (1982) the increasing proportion of working women in the population does not result in abandonment of traditional caretaker roles. This conclusion is based on the contention that the caretaking role stands apart from employment and other roles. Bengston and Treas (1980) further contend that widows tend to be more dependent on kin than women who are married.

Quality of Middle Aged Parent Child Relationships

Evidence to support the general notion that intergenerational ties promote happiness is unclear. For example, a Southern California survey of older widows, (Arling, 1976) reported no association between morale and contact with kin especially children. Contact with friends and neighbours, on the other hand, served to decrease loneliness while increasing feelings of usefulness. According to Seelbach and Sauer (1977), in a Philadelphia sample of low income aged, lower morale was

found among those with high filial responsibility expectations. Those who felt that children should live close by, visit often and feel responsible for parents had lower morale than older persons who did not have these expectations. At the same time elderly mothers had higher expectations than elderly fathers.

In a study by Baruch & Barnett (1981) the relationship with their mothers, of 238 daughters, aged 35-55, were analyzed in terms of nature and quality of the relationship. Although only daughters' perceptions of the relationship were considered, daughters reported emotional gratification from this interaction. This gratification was felt important to the daughters' psychological well being, so much so that daughters lacked other social roles and/or intimate relationships. Age of the mothers was not revealed in the study.

Streib & Shanas (1965) studied intergenerational relations of men 65 years and over, with their adult sons and daughters. Fathers felt closer to children than children felt to their fathers. Fathers also desired more contact with children than vice versa. Sixty-five percent of parents compared to 35% of children reported ties of affection as more important than financial help. Conversely, one third of fathers and two thirds of children felt that affection and financial help were of equal importance. In comparing what parents do for children to what children do for parents, parents are donors of financial help far more often than they are the recipients. Age of the children is not reported. Caution must be taken not to generalize findings of father child relationships to parent child relationships and mother child relationships since the relationship may differ considerably.

Factors Affecting Quality of Relationship

Several authors have identified factors affecting the quality of middle aged parent child relationships. Johnson & Bursk (1977) studied parent child relationships and Sharp & Matheson (1980) studied mother daughter relationships. In both studies parents were aged 65 years and over and children were aged 21 years and over. Similarly Johnson (1978) examined Italian American mother daughter relationships while Simos (1973) studied Jewish American parent child relationships. Sharp & Matheson (1980) identified 38.7% of the mothers and daughters as living in the same household.

While Simos (1973) explored children's perceptions of their parents regarding various factors affecting the parent child relationship, most children perceived their parent as having physical problems and depression leading to a deteriorated relationship, especially when the parent was living in the same household as the child. Because only children's perspectives were studied, interpretation of these results must be made with caution. Children may have judged parental socialization and health based on their own standards. Johnson & Bursk (1977) found that two variables associated with good quality relationships from the perspective of both parent and child were parental health and parental attitude, both as rated by the parent, a perspective that Simos (1973) did not obtain. Parents in Johnson & Bursk's (1977) study rated their relationship with their children higher than did their children. Johnson (1978) found that mothers' and daughters' attitudes regarding aging were the strongest direct prediction of the quality of the relationship, followed by living environment.

Different factors were identified by Sharp & Matheson (1980). In their study, power determined the role hierarchy in the relationship. In order to function effectively a family system must have a power hierarchy which prescribes different levels of authority for its members. Increased shared power correlated with healthier mothers if mothers worked outside the home. Boundary clarity or role clarity of both mother and daughter increased if there were fewer people in the household. In relation to differentiation, strong feelings of family obligation on the part of the daughter were associated with decreased tension in the mother but not the daughter. Daughters reported a higher level of tension than mothers while healthier mothers reported a lower level of tension while the daughter's level of tension did not relate to the health of the mothers.

Although much is written about increased dependency with age, Synge (1982) in a study of 465 children aged 40 years and above found that although they worried and felt they should discuss with their parents and/or siblings a plan of action in the event of parental illness or dependency, they did not do so. Cicirelli (1981) stresses the importance of good communication processes between adult children and their parents so that attachment behavior can be emphasized.

Elderly Parent Child Relationships

Impact of Parental Aging on Children

Changes in the demographic profile of the population, particularly those marking an increase in three and four generational families, has given rise to much speculation about elderly parent child

relationships. Focus will be on mother daughter relationships so as to better relate to this study. As a daughter who is gainfully employed, retires from work, and assumes less responsibility for her children, she may find new unanticipated responsibility toward an elderly parent at a time when she is facing her own physical aging, retirement and awareness of her own mortality (Cohen & Gans, 1978; Treas, 1979; de Graves, 1982). In addition, according to Treas (1979) each successive cohort of grown children has fewer siblings to share the responsibility for older family members. Even when the elderly are in relatively good health they have increased physical vulnerability which may in turn affect other aspects of their lives. Silverstone (1976) points out that careful anticipation of future crisis by all concerned can reduce the accompanying shock, grief, disruption, and guilt.

Role Adjustment

The concept of role reversal suggests that the elderly parent may become dependent and passive with the adult child who now assumes the more authoritarian nurturing role (Farkas, 1978). The child may harbor ambivalent and guilt feelings caused by his sense of duty and the interruptions of his own life by the parent. Atchley & Corbett (1977) note that when there is a role reversal between parent and child, both resent the change and both tend to become hostile toward the source of their guilt. Role reversal thus often leads to a breakdown in the relationship between parent and child. Role reversal implies that although the child has the ability to learn and develop, the aged person has lost this potential. Brody (1974) and Brandwein & Postoff (1976) reject the concept of role reversal in the parent child relationship on the premise that a child cannot become parent to his parent

nor can he become a child to his child even though the balance of giving help and protection may have shifted.

Blenkner (1965) uses the term filial maturity or responsibility rather than role reversal. The adult child identifies with the parent as an independent individual with personal needs and goals. When filial maturity is reached the child willingly assumes a caretaking role for the parent and parents come to realize that they can rely on the child without feelings of hostility or rejection. This concept has been recently studied by Synge et al., (1981) in a large intergenerational survey in Ontario where it was found that both adult children and their parents reject the concept of strong filial obligations for aged relatives.

Parent Child Relationships in Shared Households

There is little research addressing the elderly living in shared households with their children or others. Considering that, if widowed, 30% of women in the 65 year and above age category share housing with children and/or other relatives, this area seems worthy of research attention. Nine percent of men and women in the 65-74 age group and six to seven percent of men and women in the 75 year and above age group share housing with single children (Abu Laban, 1980).

In case of need, parents turn to children whether or not children live in the same household. More day to day interaction occurs when living in close proximity, an intuitively logical phenomenon (Shanas & Sussman, 1977).

Although the majority of elderly people live alone and in their own homes, the elderly people who live with other family members warrant research attention. Stevenson (1980) emphasizes that older persons, while they mostly maintain separate households, are likely to move into a daughter's household. According to Atchley & Miller (1980), the elderly who live with family members in one household tend to interact with and rely much more upon their fellow household members than they interact with or depend on people outside the household.

CHAPTER III

METHODOLOGY

As there is little known regarding elderly mother, elderly daughter dyads, a qualitative descriptive research method was chosen to facilitate discovery in exploring this experience from the perspective of the mothers and daughters. This methodology does not assume particular responses but rather uses an inductive design. As it was the intention in the study to identify factors and explicate the meaning of significant events to elderly mothers and daughters in seven dyads, the purpose was not to produce knowledge that could be generalizable to all elderly mother daughter dyads in existence.

Grounded theory (Glaser & Strauss, 1967) begins with observation of a situation or phenomenon with as little structure as is possible. For this reason the researcher did not use a preselected conceptual framework for fear of biasing the results toward a preconceived direction. The purpose of using the grounded theory approach is to facilitate the discovery of the real experience of the individuals in the situation. As data are gathered, categories first emerge from the data as unrelated entities. Integration between categories and higher level categories are then identified from the initial categories. Thus the researcher is "more faithful to his data rather than forcing it to fit a theory" (Glaser & Strauss, 1967, p.34). The resulting theory is grounded in the data as it emerges from consistent categories identified in the data. The theory is valid for those individuals studied and can be further developed and changed subsequent to the investigation of more subjects and more experiences related to the phenomenon.

For this study, data were collected during a joint introductory interview with both elderly mother and elderly daughter and from one to four subsequent unstructured interviews and participant observation.

Interviewees

A convenience sample was used for this study. It consisted of elderly mothers who were residing with their daughters and who agreed to participate in the study. Criteria for inclusion in the study were that the elderly mother and daughter dyads:

1. resided in the Western Canadian city where the study was to take place;
2. were able to speak English or French;
3. were both over the age of 60 years;
4. resided together for one year or more;
5. were in receipt of one or more nursing services in the home;
6. were both of single marital status; and
7. were the only occupants of the household.

The sample was obtained with the assistance of a city based home nursing organization and through personal contacts with students in a University course on the aging family. Seven dyads, or fourteen interviewees, were selected. Seven is the maximum number of dyads deemed manageable for the study considering the volume of data collected using qualitative methods.

The researcher contacted all interviewees by telephone at their homes and invited them to participate in the study. All questions were answered by the researcher. All potential dyads agreed to an

introductory interview at which time the study was explained in detail and subjects had the option to decide whether they wished to participate in the study.

An appointment was made for the introductory interview at a time mutually convenient to both the researcher and both members of the dyad.

Summary of Demographic Data

Elderly mothers in the study ranged in age from 84 to 96 years while elderly daughters ranged in age from 60 to 67 years. All of the elderly mothers had been widows for more than ten years and were presently retired. Four of the elderly daughters had never married while the three remaining daughters were separated, widowed or divorced. All elderly daughters were retired.

The elderly mothers had from two to seven living children while the elderly daughters had from zero to four living children. The elderly mothers had from zero to four deceased children while the elderly daughters had no deceased children.

In each dyad the elderly mother and daughter had lived in the same household at least two years. Five elderly daughters out of seven had lived with their mothers throughout life.

The elderly mothers' education level ranged from grade six to college graduation. The elderly daughters' education level ranged from grade three to two Baccalaureate University degrees.

Five out of seven dyads lived in a single family dwelling owned by the elderly mother. One dyad lived in a rented apartment and another dyad moved to a shared room in a nursing home during the study.

Both members of each dyad were Canadian Citizens at the time of the study although several of the elderly mothers had immigrated to Canada many years earlier. All were Caucasian. Nursing services, while available in each home, varied from once weekly nursing visits to once monthly nursing visits.

Data Collection

Multiple methods were used to address the study questions. Data were gathered through unstructured interviews and participant observation with the inclusion of field notes and a diary. Such combination of methodologies, known as triangulation, is a strategy whereby methodological deficiencies can be partially overcome through multiple methods of studying the same situation (Denzin, 1973).

Silverstone (1979) states that the best barometer for knowing and understanding the older person is what they tell you about themselves. In both unstructured interviews and in participant observation the primary instrument for collection of data is the investigator. Ragucci (1973) emphasizes that the successful employment of the method of participant observation is based upon one's ability to establish rapport and a relationship of mutual trust and respect with one's informants, which is also true of the interview method. In this study, the nature and characteristics of the elderly mother daughter interac-

tions were described by data obtained from unstructured interviews and participant observation.

Data were collected during an introductory interview and during one to four unstructured interviews, each of approximately one hour duration. Participant observation occurred concurrent with the interviews. The series of interviews enabled the researcher to analyze the data on an ongoing basis, thus also verifying obtained information with interviewees to ensure correct interpretation by the researcher.

The setting for the study was designated by the interviewees and was in their homes in all cases. An introductory interview (Appendix A) was used for several purposes:

1. to establish rapport between interviewees and the researcher and to establish a familiar environment for the second interview;
2. to describe the project, purpose, objectives and interviewees' involvement;
3. to obtain demographic data on the interviewees; and
4. to obtain written consent to participate (Appendix B).

The introductory interviews included both elderly mothers and elderly daughters. They were given a letter explaining the project (Appendix D) and questions were encouraged. All interviewees were told that while data collection would not take more than two to four interviews, data analysis by the researcher would take several months. The researcher promised to notify the subjects when the study was complete.

Questions pertained to doubts that information they provided would be of benefit to the researcher, concerns about whether questionnaires requiring reading and writing would be used, concerns that they may be required to leave their home in order to participate in the study, and

concerns about the length of interviews. Several interviewees worried that their plan to take a holiday during the study period would interfere with the research. Others questioned the need for private interviews for elderly mothers and daughters. All concerns were addressed, clarifying all questions and providing reassurance for expressed anxiety. Once interviewees' questions were answered the consents were signed. Demographic data were then obtained (Appendix A).

The introductory interview was not taped, but in subsequent interviews data were collected using audiotapes. The interviewees did not object to audiotaping the interviews. Field notes were written following each visit. These notes provided a descriptive supplement to interviews and served as a means to describe events, conversations, ideas, strategies, reflections and hunches. A diary further served as a more personal subjective record for the researcher. Audiotapes were transcribed verbatim by a typist following each visit.

Confidentiality was insured in that subjects were assigned a code number for the audiotape transcriptions and for all field notes. Tapes were kept in a locked cabinet until they were erased after the study was completed.

After the intial interview, all other interviews were unstructured centering around the nature of the mother daughter interaction. A list of guidelines (Appendix C) served as a guide to discussion and used as necessary. Where possible, interviews were held in privacy with each member of the dyad in turn.

The time for each subsequent interview was arranged at the termination of each visit or by telephone following the interview. Interviews were conducted over a two month period. Because of the wide

diversity of subjects in terms of age the researcher collected data in as many interviews as deemed necessary to obtain the information required. The researcher was sensitive to both verbal and nonverbal indications of fatigue and terminated the interviews when necessary.

Most interviews were informal and interviewees initiated thoughts and feelings which very closely could be linked to the researcher's interview guide. When a question was put forward by the researcher, the question was addressed openly and spontaneously by the interviewees if the question was relevant to them.

All except one of the interviews were conducted in the same room as the previous interviews with all subjects. During the course of the study one elderly mother daughter dyad moved from the one room which they shared in a senior citizens' lodge to a similar shared room in a nursing home in a different location.

Data Analysis

Analysis of data was ongoing throughout data collection. Analysis was undertaken by identification of relationships among the data according to the principles of Grounded Theory (Glaser and Strauss, 1967).

All interviews were coded by numbers including a different code number for the dyad, member of the dyad and interview number. Later, code colors were assigned to the code numbers and all transcribed pages were color coded for easy identification once they had been cut up and the data sorted into themes. The themes consisted of topics dicussed by the interviewees and included issues relating to each subjects'

perception on her dyadic experience. Patterns of similarity and differences were identified between dyads and also between elderly mothers across the dyads and elderly daughters across the dyads. Categories and concepts were developed as they emerged from the data rather than the data being applied to previously identified categories or concepts. In this way the categories more closely represented the meaning of this dyadic experience for these women. Finally, conclusions were drawn about the elderly mother and daughter interactions as they had been described by the subjects.

Reliability and Validity

Validity of the interview method must be ascertained to answer the question, "Is the interviewer telling the truth?" (Dean and Whyte, 1969, p. 105). According to Thompson and Walker (1982) when using more than one member of a relationship such as in a dyad, validity and reliability are improved, as opposed to collecting data from a single informant. In this study ensuring confidentiality, providing privacy, and establishing initial rapport were attempts to reduce problems with spontaneity.

There may have been some desire to please the researcher and certainly in the interviewees' agreement to participate in the study the researcher was pleased. The researcher attempted to convey an accepting non-judgemental attitude and by so doing received descriptions of many negative as well as many positive aspects of the interviewees' experiences. Most interviewees were highly motivated to

participate in the interviews, wanting to help others in similar situations if they could.

The researcher wrote the field notes and diary for each interview immediately following the interview so as to minimize forgetting. The field notes for a particular interview were written prior to initiating another interview so as to avoid the possibility of confounding data from one interview to the other. This is a danger when several interviews are held in close time proximity one to the other.

The use of multiple methodology provided a rich resource which caused awareness of incongruous or unexplained facts, making the researcher sensitive to possible implications and connections with other observed facts. The researcher then continually revised and adapted her theoretical orientation in the direction of the phenomena under study. This methodology is verified by Becker and & Geer (1960). Data in this study were verified with the subjects to ensure adequate understanding of the subjects' perspective by the researcher when possible. This procedure further served to improve validity and reliability of the data obtained.

The notion of reliability and validity in the traditional quantitative sense is presently being challenged for qualitative research. While Guba & Lincoln (1981) emphasize that naturalistic research methods require tests of rigor; such tests may require reinterpretation in order to better fit the assumptions of the naturalistic paradigm. The concepts of internal and external validity used in quantitative research are replaced by the concepts of credibility and fittingness in naturalistic research. Similarly, the concepts of reliability and objectivity are replaced by that of auditability and confirmability.

Guba and Lincoln (1981) emphasize that naturalistic methods can certainly meet, if not surpass scientific methods for achieving neutrality in that apparent loss of objectivity is well compensated for by the continuously emerging insights that naturalistic methods produce.

Ethical Considerations

Permission for the study was obtained from each elderly mother and daughter. Presentation of a consent form (Appendix B) at the introductory interview provided the opportunity for the researcher to explain the purpose of the study and clarified to the interviewees that they had the choice to participate or not participate in the study and to withdraw at any time. Confidentiality was ensured. Further, formal ethical clearance was obtained from the director of the home nursing organization contacted to procure dyads for the study.

CHAPTER IV

RESULTS

In this chapter, the results of the study will be discussed. The chapter will begin with a brief overview of the elderly mother daughter relationship followed by an analysis of the factors that elderly mothers and daughters reported to be significant in their relationship and living circumstances. Personal identifiers have been removed or altered to protect anonymity.

Overview of the Mother Daughter Relationship

In five of the seven dyads in the study, the relationship between elderly mother and daughter was predominantly congenial in that both mother and daughter had genuine feelings of love and commitment toward each other. In the remaining two dyads, the relationship between elderly mother and daughter was predominantly antipathetic. The mother and daughter lacked strong emotional ties and lived in an atmosphere of forced tolerance.

Various patterns of dominant subordinate interaction existed in each dyadic relationship. In three dyads, the elderly mother was dominant and the elderly daughter was subordinate. In two dyads the elderly daughter was dominant and the elderly mother was subordinate. In another dyad both elderly mother and daughter were dominant. In the seventh dyad the elderly mother and daughter previously had had an egalitarian relationship, however, because of the elderly mother's deteriorating health, the daughter had assumed a dominant position.

While predominant patterns of dominance and subordination were evident in all dyads, elderly mothers and daughters frequently interchanged patterns of dominance and subordination as circumstances required.

Companionship Aspect of the Relationship

In this section, companionship aspects of both congenial and antipathetic dyads will be discussed. The degree of congeniality of the relationship was related to the degree of companionship between elderly mothers and daughters.

In five dyads the relationship between elderly mother and daughter was congenial and each demonstrated considerable love and concern for the other. In these dyads there was tremendous companionship, acceptance and a strong emotional bond between elderly mother and daughter. Both derived satisfaction from living together, as indicated in the following quotations:

> [mother] It's great to have her [daughter] home. We enjoy one another. Oh, we just do everything together.

> [mother] We're very close. We were always very close. We never seemed to want to be apart much... I sometimes sit and think that I don't want to do anything else but just be here with her [daughter]. It's a nice satisfying way to be. I'm not yearning for something else. I think we're very fortunate that way.

> [mother] This is the place for her [daughter]... she worries... She'll go away for two or three days and she's phoning back to see if I'm alright. She's a worrier so she's better right here with me... We're very happy. We get to know one another's ways.

> [daughter] I like my mother's company... On the whole I'm lucky compared to some people I might be living with. We can sort of see eye to eye... I've had the queen of mothers.

> [daughter] She's [mother] very easy to get along with. She's always called me 'Dear, Darling and Sweetheart'. She still does. I'm pretty devoted to her. She's a real pollyanna. She has a happy Christian attitude and could always look on the bright side no matter what went wrong.

She greets me with a smile and says, 'Hello Dear'. She's cheerful and spontaneous... never holds a grudge.

[mother] My daughter is good to me. Things are good... couldn't be better [between us]. We talk together in the house... work together...

[daughter] There's no complaints. We share and share alike. Sometimes Mother makes a meal and sometimes I do. I give her half of the tax return. We get along. We sit on the back steps in the morning when it's nice and in the evening we sit in the front, in the shade. It's always been good living together. [In this dyad daughter and mother share the same energy level] Mother likes to be on the go, just like me.

[daughter] She's [mother] a fantastic person. I get a big kick out of her, really, the things she comes up with. She's modernized with the times. I can't think of anything I'd rather do or anywhere I'd rather be [than be here with her].

[mother] I'm satisfied and she's [daughter] the same with me... She's thoughtful. It's wonderful that we get along like we do because we've always been together.

[daughter] Mother and I were fairly close. We did everything together and still do... We always had a good home and a good life together.

[daughter] Mother loves to travel, stay in motels, eat out and all these things so she's great company and I like to travel with her. She's my favorite travelling companion because I've travelled with others.

In the remaining two dyads, the relationship between elderly mother and daughter was antipathetic. In one of these dyads both elderly mother and daughter perceived their relationship to be inadequate and both lived under a sense of forced tolerance. Both elderly mother and daughter had a dominant personality and both led very separate and isolated lives under the same roof. Tasks were clearly delineated to one or the other and there was an unquestionable physical and emotional distance between them:

[daughter] I always had the responsibility of Mother because I'm not married. It's always the single one that gets it.

> [mother] My daughter makes her own lunch and I make my own. I always wash the dishes. There isn't much where we have to interfere with one another. I take care of the inside of the house and the groceries and all she has to do then is, if she wants to, to take care of the outside. When she does work outside, I never interfere, that's hers. So, that's the way, it is. It's not much to have... There's not much to talk over with her, really. Things are just going on from day to day, that's all.

In the other antipathetic dyad the elderly daughter felt that moving in with her mother was a mistake because she was never close to her mother. This daughter had unrealistic expectations before she moved in: she thought that her mother would soon go voluntarily to a nursing home. However, the elderly mother had no intention of doing so. This elderly mother and daughter had little meaningful interaction throughout the years and it is not surprising that it is so difficult for them to live together now.

In summary, the characteristic of congeniality affected the companionship aspect of the relationship. Thus, in congenial dyads, there was a perceived feeling of companionship between elderly mother and daughter. They enjoyed each others' company, cared about one another and were good friends. In antipathetic dyads, there was little emotional involvement or meaningful commitment between the elderly mother and daughter and the elderly mother and daughter did not perceive each other as friends or companions.

Independence and Dependence

Congeniality between elderly mother and daughter was not related to the elderly mother's dependence on her daughter to assist with physical needs or physical care. In one congenial dyad, the elderly mother was clearly dependent on her daughter to assist with personal

needs such as dressing and bathing. The elderly mother in this congenial dyad was not capable of living alone.

In all other dyads congenial, or not, although the elderly daughters performed many household tasks such as yard work and housework, which made life for mother more comfortable, it is likely that the elderly mother could have lived independently if necessary.

Therefore, congeniality between the elderly mothers and daughters was related to the degree and quality of emotional dependence between them. In congenial dyads, elderly mothers and daughters were dependent on each other for fulfillment of emotional needs such as support, love, acceptance and companionship. This dependency was expressed as follows:

> [mother] I couldn't stay here [home] without her.
>
> [mother] She [daughter] treats me right. She looks after everything that needs to be looked after.
>
> [mother] Because I can't work much anymore I've got to have somebody, you know, and I appreciate it, that's one thing. I don't have to worry.
>
> [mother] I don't know what I'd do without her [daughter]. She wouldn't be here [nursing home] if it wasn't for me because she said she wouldn't come but I wouldn't come without her. She's so agreeable and she has a lot of extra work to do for me.
>
> [mother] She [daughter] watches me when I take my walk outside in case I fall.
>
> [daughter] Taking care of mother makes me feel useful and gives me a purpose in life. If I were here by myself I could come and go as I please but I wouldn't have any real purpose. I wouldn't be accomplishing anything, adding anything to the world, so in that respect, it's good for me that I have that, or else I might just sit here, drink coffee, smoke and get fat and lazy.
>
> [daughter] I depend on her [mother] and she depends on me a lot. Now she depends more on me because I've always been with her... but I need her too. We're very cooperative with each other.

> [mother] It was a good decision to live with my daughter. When she came home, everything was alright. I'm pretty well fixed up.

In the dyad where the elderly mother was very dependent on her daughter due to declining health, the elderly mother tended to speak of her life in the past tense and the daughter's life was centered on caring for her mother:

> [mother] We manage. My daughter and I had a good life together. We did a lot.

> [daughter] Other than getting her up, making her meals and getting her back to bed that's about all I do. Lately she spends 20 to 24 hours sleeping. If I put her to bed I can dash out to the grocery store but I'm not away from home for more than an hour.

In antipathetic dyads, the elderly mothers and daughters were emotionally independent of each other and they led separate and isolated lives.

> [mother] I mind my business as much as possible and she [daughter] minds hers...I don't bother her.

> [mother] I can look after myself...I can get along as long as I don't get bedridden...

Elderly daughters were not dependent on their mothers to assist with physical needs and only one elderly mother was completely dependent on her daughter to assist with physical needs. Although there was no relationship between congeniality and emotional dependence, members of congenial dyads depended on each other for emotional need fulfillment but members of antipathetic dyads did not.

Evolution of the Relationship

In five dyads, the elderly mother and daughter had lived together throughout life. In the remaining two dyads, the elderly daughters had returned home to live with their mothers.

The characteristic of congeniality was related to how the relationships evolved over time. Members of the congenial dyads generally viewed their situation of living together as the normal developmental progression of events in the course of life. Some could relate to others in similar situations. "Coming to live with Mother" or "continuing to live with Mother" happened gradually and almost insidiously. The arrangement was largely not discussed or prearranged but rather simply evolved or remained throughout life with the unspoken rule that it would continue:

> [mother] We [daughter and I] have a very close relationship and it's not that I have demanded it either. It was just the way it went, you know.
>
> [mother] I didn't know we'd [daughter and I] be staying together our whole life but she [daughter] grew up, married and her husband was good so we stayed together.
>
> [daughter] After I was married, why my husband was my first concern and then the children and then my mother and father. Now my mother is my first concern.
>
> [mother] My daughter was always nice and happy. You can't wonder me not wanting to leave her now.
>
> [daughter] I think maybe that's a normal procedure [living with mother] if the parents live long enough.
>
> [mother] My daughter lived with us [husband and I] for so long. It's just another step. Daddy died, we [daughter and I] lived together and that's all there is to it. Life is something you adjust to as you go along.
>
> [daughter] There were no surprises when I moved in with Mother because I was very involved with her for a long time.
>
> [daughter] This hasn't been a martyr's role, living with Mother. We never discussed it. It just sort of happened. It's far better to live with an unmarried daughter than with a son in law. It never occurred to any of us in the family that Mother would live with anyone other than me. She was just part of my life and remained so.

In the evolution of the antipathetic dyads, cohabitation was not considered a natural progression of events:

[daughter] Now that I'm here I'm stuck. I'd like to move into a lodge myself. Then I'd be free to visit my children as I please.

[daughter] I'm here because of Mother, otherwise I wouldn't be here.

In all elderly mother daughter dyads, it was generally felt that there was continuity in patterns of dominance, subordination and interaction over time. One exception was where the elderly daughter took a more dominant position through necessity because of her mother's declining health status.

In most dyads there were some positive aspects in the interaction. In all dyads certain problems did exist, however, what differed significantly between congenial and antipathetic dyads was that in congenial relationships the elderly mother and daughter found means of coping with, overcoming or minimizing problems while in antipathetic dyads they did not. In antipathetic dyads, the elderly mother and daughter lived in a sphere of isolation and forced tolerance whereas in congenial dyads, the elderly mother and daughter lived in a sphere that involved association, affection, trust, respect and understanding which further led to acceptance. This positive environment did not preclude differences of opinion or conflict. However, conflict in congenial dyads could generally be resolved quickly while in antipathetic dyads, it could not.

What is Important in Life

Members of each dyad expressed perceived characteristics, needs, feelings or attitudes that were important to maintaining a well balanced and satisfying life. Factors under the broad category of what is

important in life include freedom, health, guilt, humor, financial security, and a satisfying position in respect to others they compared themselves to.

In each dyad, perceived freedom and health, as it related to both oneself and the other member of the dyad, were important in the lives of both elderly mothers and daughters. Through these two factors came other important components necessary for satisfaction with one's position such as continued activity, work, independence, safety, money, and estate issues.

Freedom

Members of all dyads had deep needs to feel free and the characterization of the dyads as congenial or antipathetic had no effect on their members' needs to feel free. The concept of freedom cut through many dimensions of life, such as; freedom to live where one wants, freedom to work at one's own pace, freedom to feel productive, and freedom to have time off. Examples of how the need for freedom in these dimensions was expressed are as follows:

> [mother] I don't want to live on the farm. I want to live here. I've had enough work on the farm... That's enough for me now. Here I go to the garden when I want. The doctor says it's good to go in the garden.
>
> [mother] Some days I don't do much of anything but other days, now, well I do a little cleaning and a little baking.
>
> [mother] I just live in an atmosphere that I'll do it if I feel like it.
>
> [daughter] It's nice having two afternoons off weekly like I have now, financed by the home care program. It gives me freedom. My sister came up last summer and stayed for a couple of weeks while I was away and she'll be coming again this summer so that's a break I can look forward to. They also told me at the Geriatric Hospital that I can take Mother there for a week or ten days if I want to have a break. With those things it makes life a little easier for me.

Several elderly daughters perceived that their freedom was limited because of their mothers' declining health or dependence on them:

> [daughter] My whole life seems to be centered around Mother at the moment. Everything I do is geared to her needs. Well, she doesn't want much except to be looked after. I'm her security blanket...
>
> [daughter] Mother doesn't want me to go any place...If I go for a walk or something I can't stay too long because she'll worry.
>
> [daughter] Right now typical days living within four walls are not very exciting because Mother can't do anything much anymore.
>
> [daughter] I thought Mom would be ready to go into a nursing home but according to her, she's not. Now that I'm here I guess I'm stuck. I feel trapped... I do all the work... It's boring. Then if I want to go somewhere Mother puts on a long face and makes me feel like a heel.

Several elderly mothers whose needs for freedom were not fulfilled and who were not satisfied with a routine sedentary situation expressed feelings of being lazy, lonely, useless, tired and depressed:

> [mother] Sometimes things are dead. I feel useless, slow, lazy, lonesome and upset. Sometimes I don't know what to do with myself. I make puzzles, read and little things like that.
>
> [mother] I go to bed too early, about eight o'clock but I get tired of sitting and think that I might as well get comfortable. I'm not as useful as I might be...
>
> [mother] I often just like to sit down and no nothing. I live one day at a time. My daughter looks after the house and mail and everything. I just live the life of a queen. If I'd stop to think about it I would get depressed. [According to her a queen does not lead a productive life but rather benefits from others' toil. Productivity is associated with usefulness.]

Still other elderly mothers and daughters whose needs of freedom were not fulfilled and who were not satisfied, had an attitude of resignation about their situation because they felt powerless to change

it. They frequently felt a certain obligation to concede with the others' wishes although they felt their freedom constricted:

> [mother] People have to get along anyhow. My daughter and I get along fine because I agree all the time. I let her do as she likes... I just take it as it comes... Now I haven't any choice. I may as well let things go the way they want.
>
> [daughter] Sometimes she [mother] doesn't agree but eventually she does.
>
> [daughter] I'm just going along with her [mother], that's what I decided. She's old and I may as well make up my mind to go along with her so I don't get her all upset. It's not always what you want, it's what you have to live with and what you have to do that counts... If I needed anything I always went to her so I'm thinking that maybe it's up to me to have it a little harder now, my duty maybe.
>
> [mother] It's not worthwhile to quarrel. She [daughter] knows more about what's going on than I do, really.

All elderly mothers who had an attitude of resignation were subordinate in relation to their daughters. No dominant mothers had attitudes of resignation. The relationship between dominance and subordination in relation to resignation was not as clear for elderly daughters. There were, however no dominant daughters resigned to their lot and only one subordinate daughter who was resigned.

Health

The importance of health was expressed in a variety of ways by both elderly mothers and daughters, regardless of whether the relationship was congenial or antipathetic. Good health was associated with positive attitudes, desirable levels of activity and a feeling of freedom:

> [mother] When I'm healthy I feel good and the day passes like nothing.
>
> [daughter] Your health is definitely important no matter what age you are. It's important to everybody.

[daughter] If Mother had her health, we'd have a ball. We'd travel more...

[daughter] I'm healthy. I'm on the go all the time with cooking, cleaning and gardening. My day is too short to get everything done the way I want.

Poor health was generally associated with negative attitudes and boredom:

[mother] I worry about being so long in getting better. Maybe I'm looking for too quick a recovery.

[mother] I just sit down and wish I could do better [increased activity].

[mother] Time gets long if I don't feel good and can't do very much.

[mother] I wish I could do more but it's no use because I have to walk with that thing [walker].

Guilt

Feelings of guilt, resentment and of being a burden were expressed in antipathetic dyads but similar feelings were not detected in congenial dyads. Some of the expressed feelings were as follows:

[mother] My daughter doesn't get the freedom she wants... I told her over and over again that she doesn't have to stay here if she wants to go on her own. I wonder what is best for me being that my daughter doesn't like to stay here and feels compelled to stay on account of me... I wonder why I should go and sit and pine away in a senior citizen's home just because she doesn't like it here. I'm thinking about whether I should move out and let her go free...

[daughter] Maybe I've done too much for her. Maybe that's why she doesn't do much. Maybe I could have seen it coming and taken her to the doctor earlier. Maybe they could have done something, maybe they still can, I don't know. Now I think, well maybe it's too late.

[daughter] I just moved in on her [mother]. I just asked if I could come and live with her at the time I was sick. She agreed and now I find that it wasn't the best idea.

[mother] Being that my daughter stayed with me pretty near all her life, I feel she is most entitled to the estate but there was no agreement that I shouldn't have my home as long

> as I want. If I went to a senior home we could sell the house and she could do what she likes.

Comparison to Others

Whether they were members of antipathetic or congenial dyads, all elderly mothers and daughters regularly compared themselves to others. There were no obvious differences in how members of either antipathetic or congenial dyads compared themselves to others or who they compared themselves to. Elderly mothers compared themselves to women their own age or to those younger than themselves and several elderly mothers took pride in compliments about being wonderful for their age. Inevitably they perceived themselves to be in a much more favorable position, either mentally, physically or both, to those to whom they compared themselves. This comparison was often done in a very subtle way, perhaps as a form of self preservation or enhancement of oneself:

> [mother] My neighbor and I went places together before but now she can't even walk without help. She stays in the house and just sits. She never even phones me anymore.

> [mother] I would hate to be like that [describes a neighbor whose condition is deteriorating].

> [mother] I have friends that aren't nearly as comfortably fixed as I am, no one to look after them, not living with them as I have. I feel better of than most people I know.

Elderly daughters compared themselves to a wider category of acquaintances than did elderly mothers. Some elderly daughters did not have acquaintances their own age with which to compare themselves. One of these elderly daughters compared herself to her mother's friends who were much older than she was.

Some elderly daughters compared themselves to others who were either in an inferior or an enviable position. Feelings of disillu-

sionment resulted when they compared themselves to people whom they judged to be in an enviable position:

> [daughter] Most of the people I know of my age are living alone, have families or they are widows, separated or something. When I visit them we talk about good days back on the farm...

> [daughter] Most people my age have husbands who are retired and impinge on their freedom. I'm free as a bird. I wouldn't want to change anything. I consider myself better off than most. I do as I please. I have peace of mind while many people my age are discontented because they're aging.

> [daughter] My neighbor goes to bingo and travels. Her life is hers. I don't go out much. I like to put my feet up and get a good rest in the evening. Then I'm happy.

In summary, elderly mothers inevitably compared themselves to others whom they perceived to be in worse situation than themselves. This comparison was often done in a subtle way and is perhaps a form of self preservation or enhancement. Elderly daughters compared themselves to broader categories of people who were either older, in a better situation or a worse situation than themselves. The daughters' reasons for comparing themselves to older acquaintances were practical; that is, they had no same age acquaintances with which to compare themselves. Reasons for comparing themselves to both acquaintances who were in a better and/or worse position than themselves were unclear. The characterization of the dyad as antipathetic or congenial was not related to comparison to others.

Finances

Members of all dyads believed that financial security was important. However, they all judged that they had enough money to live comfortably and therefore financial concern was not a significant factor in any relationships. Typical attitudes toward finances were:

> [mother] It's important not to have debts.

> [mother] I'm not short of anything I have what I want to eat. I have more money than I need with my pension cheque so I give half to my daughter and sometimes I give some to my son. I can't spend all the money I got.
>
> [daughter] I never planned that far ahead. I thought if I had enough money to look after myself, that's all that mattered. I wasn't going to be a burden so I saved money... I didn't spend it too foolishly...

Humor

Humor was an important factor in having a positive relationship and its importance was related to whether the dyad was congenial or antipathetic. All elderly mothers and daughters in congenial dyads had a strong sense of humor while mothers and daughters in antipathetic dyads did not. Two elderly daughters recognized the importance of a sense of humor in the following expressions:

> [daughter] It's important not to take yourself too importantly. You have to laugh at yourself and your situation a little. If you don't, you've lost everything.
>
> [daughter] I'm thankful for my sense of humor. It's got me so far along in the world that I wouldn't want to lose it.

Elderly daughters who lacked a sense of humor were generally dissatisfied with their lot and took themselves seriously all of the time. These two daughters seemed depressed, isolated and trapped. They had poor communication with their mothers and with other people.

Elderly mothers and daughters in congenial dyads were satisfied with their lot and could often find a happy or humorous side to most situations. They had good communication skills and problem solving techniques.

Role Stability and Task Relinquishment

Role Stability

In all dyads there was a lifelong continual relationship that existed which was not different in antipathetic or congenial dyads. The elderly mother did not become the child and the elderly daughter did not become the mother. Their activities simply changed out of necessity or choice. The change may have resulted in a different type of interaction in some cases, however the continuum of life was not reversed. Elderly mothers and daughters frequently discussed this continuity in the role of mother and daughter over the years. It was evident that lifelong patterns of dominance and subordination generally remained stable over time as did other characteristics of the relationship. Some examples of the continuity in the relationship expressed by elderly mothers and daughters are as follows:

> [daughter] She [mother] mothers me but she's young at heart and young in spirit.
>
> [daughter] Mother is the same now as always.
>
> [mother] My daughter is just the same. I can see her little girlhood coming out.
>
> [daughter] Mother's personality hasn't changed over the years. She's always been quiet.
>
> [mother] Things didn't seem to change at all. They just seem to go along. My daughter has always been a nice happy child. She always was the same, you know.
>
> [mother] If she [daughter] wants to go somewhere now, and I don't want to go, I let her go on... I suppose it made her grow up a little older being with me all the time. I don't know. I never noticed any difference in her.
>
> [daughter] I can't say things ever changed. It's just her age now. I'm back like a child. She [mother] thinks she should have responsibility over me as if I was little.

[mother] My daughter is not taking over. If she did she could sure raise cane around here such as if she insisted I sell this place, but she rarely mentions it anymore.

[mother] She [daughter] tells me often that she's still my child.

[daughter] Mother was quite annoyed if I'd throw out something that needed to be thrown out she didn't want thrown out from the fridge.

[daughter] In lots of ways I'm still her [mother's] little girl. She tells me to put on my mitts or coat if it's cold or she tells me that she doesn't like my dress. I just laugh it off and she laughs too.

[daughter] Sometimes mother still treats me like a little girl. For instance she hates slacks and she'll often tell me to put on a skirt.

Although the distribution of tasks changed as the elderly mother became less capable of performing some of the tasks, she did not lose her role as "mother" when she stopped performing the tasks. This role stability is not surprising when one considers that the role of mother in a family relationship does not change in other instances when task distribution changes. Mother was still "mother" when she stopped performing the task of dressing her infant daughter when her daughter was old enough to dress herself. Similarly, mother remains "mother" when she relinquishes some tasks due to physical inability to perform them now.

Task Relinquishment

In congenial dyads, there was often a type of overprotection of the elderly mother by the elderly daughter; for example, in one dyad the elderly daughter helped her mother to dress in order for her mother to conserve energy since her recent myocardial infarction. Several elderly daughters discouraged their mothers from walking outdoors unattended. For one elderly mother who was now unable to carry on with

her activities of daily living, her daughter had taken over the role of caregiver. Over the past one to two years the elderly mother had given up tasks gradually and insidiously.

Several elderly daughters described how they were now caring for their mothers in the same way as their mothers had once cared for them as children. However, it was clear that "mother" was still "mother" even though she was no longer able to perform certain activities and tasks. In congenial dyads, elderly mothers who themselves were unable to perform activities of daily living relinquished most of the tasks, and the elderly daughters voluntarily took over these tasks as they saw a need to do so. In these cases there was not a reversal of roles but rather a relinquishment of tasks by the elderly mother and an assumption of some of the tasks by her daughter. Task relinquishment occurred in all congenial dyads and in one antipathetic dyad.

Stages of Task Relinquishment

Various stages of task relinquishment from partial relinquishment to complete relinquishment were observed in this study. In one dyad the elderly mother, since having had a recent illness, had some difficulty relinquishing certain tasks to her daughter. She easily relinquished some tasks, such as cooking and personal care, however, she had difficulty relinquishing the task of distributing financial resources:

> [daughter] Everything seems to upset Mother. She worries about whether the rent is paid and we usually give money for birthday gifts and she worries about whether that has been paid. She doesn't have to worry about it but she looked after all that before...

In another dyad the elderly mother gradually relinquished her housekeeping and cooking tasks to her daughter who was reluctantly performing the tasks. In order to relinquish the tasks, the elderly

mother was forced to lower her housekeeping standards and accept her daughter's standards:

> [mother] I always washed curtains and walls twice a year but my daughter is too busy. Oh well, what's the difference? It doesn't get too bad with just the two of us.

Reversibility of Task Relinquishment

Tasks, once relinquished can again be performed by the person who relinquishes them, provided that the person who has accepted the responsibility of the task is willing to relinquish it. This reversibility was evident in one situation where the elderly mother relinquished the task of cooking because of illness. Once the elderly mother's health improved she began to cook again.

Task Relinquishment and Conflict

In some dyads the elderly daughter thought that the mother should relinquish certain tasks but the mother was unwilling to do so. Cooking tasks were relinquished when mother was unwell; only then did her daughter do the cooking. Some elderly daughters believed that they were responsible for their mother, however, mothers did not relinquish responsibility for themselves. This lack of relinquishment occasionally lead to conflict:

> [daughter] One time Mother left and I couldn't find out where she was. I headed this way and around the corner and one of the neighbors told me that if I was looking for my mother, she was at his place.

> [daughter] When she [mother] tries to get out in the garden I'd like to bawl her out, put a chain on her, because she likes to do that and she shouldn't because of her hands. If I bawl her out she just tells me to shut up and I don't say anything more.

> [daughter] The other day Mother wanted to go to the drugstore. I tried to stop her but away she went. I just implore her to stay and when she won't, I end up going too.

In one dyad there is an example of involuntary task relinquishment by the elderly mother. Because of ill health the elderly mother unwillingly relinquished her cooking and housekeeping tasks to her daughter who voluntarily accepted the tasks:

> [mother] I looked after the house but then after I took my heart attack my daughter took over and I'm not too happy about it but I know I can't do the things and I don't want to start another heart attack. The doctor told my daughter that I wasn't to do anything at all.

External Task Relinquishment

In another dyad although the elderly mother relinquished some tasks, none had been relinquished to her daughter. The task of yardwork was relinquished to her grandson and that of shopping to a daughter who lives outside of the home. Her granddaughter assisted in housekeeping tasks such as taking the curtains to the cleaners. In this dyad, the elderly mother and daughter lived very separate lives in the same household.

Summary

There was no evidence of the reversal of the role of mother and daughter, but there were many examples of the elderly mother relinquishing tasks as circumstances required. Task relinquishment depended on whether the elderly daughter or others are willing to take over the relinquished tasks. Relinquishment of tasks may also be dependent on one's physiological and psychological health. Several tasks had typically been relinquished in all congenial dyads by the elderly mother. These included shopping and yardwork.

While no task relinquishment took place in one antipathetic dyad where both elderly mother and daughter were dominant, task relinquishment and acceptance may be related more to congeniality than to

dominance or subordination. Although there are many unanswered questions in this area, it seems clear that roles are not relinquished or reversed but rather it is the content of the roles that change or the tasks thereof.

Conflict and Decision Making

Conflict and conflict resolution were discussed by five of the dyads in the study. Some elderly mothers and daughters were not comfortable talking about conflict and directly said little about it. In congenial dyads, conflict was generally easily resolved through communication or talking things over between elderly mother and daughter. Decision making techniques were very similar to problem solving or conflict resolution techniques on the whole.

Members of congenial dyads had a sense of humor which helped them make light of a situation in conflict resolution and decision making. In antipathetic dyads conflict was evident over petty issues and was never resolved; rather it continued to build. Poor communication prevailed and decisions often were made with a third person as intermediary. In antipathetic dyads no sense of humor was evident.

In one congenial dyad, the elderly mother and daughter were very open about the types of conflict encountered in their day to day life. This elderly mother resented her daughter's overprotectiveness at times and often referred to her daughter as "bossy". For the elderly daughter in this dyad her mother's loss of hearing was a point of conflict in their relationship. The elderly mother frequently asked her daughter to repeat things. Conflict in this dyad also arose because of

different standards of housekeeping that existed between elderly mother and daughter:

> [daughter] She accuses me of talking down on my stomach but she is getting hard of hearing lately.

> [daughter] I dusted the furniture because it was bothering Mother that it wasn't done, and we sometimes clash in the way we set the table because I'm more fussy than she is that way. She was taking it as a putdown... I even found it hard to get things done... For example I'd tell her that I was going to mow the lawn and she'd say that it didn't need to be done yet.

In another congenial dyad, both elderly mother and daughter were able to communicate their differences and thus resolve them quickly:

> [daughter] I guess I'm lucky to have the personality that I have. I can laugh things off instead of letting them build up. I tease mother too but pettiness is not one of my vices. If it's a small thing I try to ignore it. Mother and I have no quarrels except if I bawl the dog out or the birds are without cuttlebone. If I'm not doing things for her pets the way she thinks I should, then that upsets her. If she makes a mess in the bathroom then I get annoyed and Mother will give me the silent treatment for a while and then it's all over. If I'm annoyed with something I just tell Mom.

> [mother] I say it my way and she says it her way and everything pretty well gets straightened out.

In terms of decision making, the elderly mother admits to letting her daughter make the majority of decisions because her daughter is more active in carrying out the decisions:

> [daughter] Mother doesn't participate too much in decision making. She tells me to do as I want or to go ahead.

In spite of what seems on the surface as a mutually agreeable situation in congenial dyads, certain conflicts were mentioned mainly by the elderly daughters such as constriction of personal space with a desire for her own territory which was difficult to achieve in "mother's house". This desire seemed particularly important for elderly

daughters who had moved back to their mother's home after several years away from home:

> [daughter] I was a bit resentful that there wasn't room for my stuff. There was a time when having my things scattered made me feel pulled apart but then I tend to forget about it now.
>
> [daughter] It's Mom's house, Mom's this, Mom's that. I have little to do with it.

Elderly daughters who had continually maintained residence with their mothers throughout life did not mention this point.

In the two antipathetic dyads there is evidence of withdrawal, insecurity and lack of communication:

> [mother] If I think I'm in the wrong I just leave it like that. I don't argue the point at all. It's important to agree on things. If people have feuds and don't get along they shouldn't be together.
>
> [daughter] I don't say much one way or another."
>
> [mother] My daughter is 62 years old. I can't tell her anything much anymore. She's old enough to know and as she gets older her mind is more set.
>
> [daughter] There are times when I could jump up and down like when Mother doesn't flush the toilet. She's worried that it takes too much water... I get very upset inside but I don't say anything.

Patterns of poor communication in antipathetic dyads led to ineffective decision making which increased conflict over small annoying habits. Conflict was never resolved but rather continued to build. Decisions in these dyads were usually made with a brother-in-law, son-in-law or son as intermediary. One elderly daughter described decision making in the household as a "company affair".

It is evident through these examples that good communication patterns are essential for both adequate conflict resolution and decision making. Without an open system of communication where

conflict can be resolved easily, dyads are at risk. Resentment and anger were evident and the quality of life was reduced. Good conflict resolution capability was related to congeniality of the relationship, not to subordinance or dominance of mother or daughter. All congenial dyads had good conflict resolution skills while antipathetic dyads did not. Similarly, good sense of humor was associated with good conflict resolution.

Change and Aging

Change

In all dyads, perceived change in health over time was reported. There was no evidence that this change differed for antipathetic or congenial dyads. Several elderly daughters discussed changes in their mothers' mental capacity such as forgetfulness, but most health changes revolved around decreased mobility, decreased sensory perception such as in loss of hearing or visual acuity, and loss of energy:

> [daughter] Her hearing has gone down so badly this last couple of years that it makes it hard for me to talk to her. We can't sit down and really talk or really visit very much anymore. It's just been a real downhill slide in the past one and one half years. I think Mother is bored with life. There' so little she can do. She can't travel anymore. Just gradually she's getting slower and slower. It's hard for her to move. She can't see to read or sew.

> [daughter] It's hard to talk things over with Mother because she can't understand. Her hearing isn't good. Before, we always talked things over together.

Two elderly daughters discussed changes in their own health status and resultant attitudes toward their lives:

> [daughter] Since the arthritis got me it's even a big job to paint and I did it for fun, before... When you're young you like to get out and see different things, go here and

there. Now I'm not too interested. When I was young there was activity all the time... When you're young you're working in a different way. Now it's just a matter of day to day living. There's no great activity. You don't look for any great future or anything. When you're younger and working you're building for a future. Now what future there is, is right here as long as Mom lives.

[daughter] Since my heart attack, I haven't been doing much knitting or anything.

Several elderly mothers were unable to pursue their previous work and leisure because of declining health. The use of walking aids by several restricted their activities. Mothers' attitudes toward change were expressed as follows:

[mother] I can't read or watch television. Even if I'm pretty good at my age, things come harder. I worry that I won't do things right (such as the dusting) because I can't see well enough. I don't travel anymore. I'm better at home. I wouldn't be afraid to go if my eyesight was good."

[mother] Before, you know, I made nice bread, buns, all kinds of cinnamon buns. Not now, I can't mix it. I liked to work in the garden but it's too late now because my arms and hands are sore. [She adds that she has also given up dancing because of her health.]

[mother] When you're starting out raising a family you just want to work and get all you can. I was always busy and didn't even consider it work but when you get older things change.

[mother] I'm not active at all. I get tired easily. I can tell I'm slowing down. I can see a big difference in myself from the time I was 92 to 93. I can't see to do the things I'd like to do and my hip bothers me.

[mother] I rest, that's my main thing to do right now since my heart attack and then I come out and watch some television. I read the papers just as long as I'm quiet. I haven't attempted to go to church yet. I'm afraid I couldn't take crowds very well. You know practically everyone, and this one's speaking to you and that one is speaking to you. It's hard. My health is not good. I'm not strong. I don't write because I lost control of my hands when something went wrong with my back. I can't play the piano anymore either. Before I had my heart attack I got up early but now I don't get up so early. Physically, I'm looking after by body, you know, not my mind. I feel life is kind of empty at times.

Aging

The issue of aging was one which all elderly mothers and daughters discussed openly. Elderly daughters who had a positive attitude toward aging and change were involved in a congenial dyadic relationship and daughters in antipathetic dyads had negative attitudes toward aging and and change. Elderly mothers' attitudes toward aging and change were not related to the congeniality of the relationship.

Each individual differed greatly in her perception of aging. For some, their perceptions of aging were influenced by personal experiences with elderly people in a variety of settings. For some, aging was a positive experience, while for others, aging was associated with many negative connotations such as illness and decreased activity. Some interviewees felt ambivalent about aging. For still others, aging was merely a stage on the broad continuum of life.

Most did not consider themselves old, however, elderly mothers tended to see life more as a bonus which could end at any time. Each remaining day counted. Some elderly mothers took pride in being able to maintain their own homes in spite of their age. Elderly mothers in general, were much more positive about the aging process than elderly daughters. Perceived good health and maintenance of normal activity levels was the underlying theme leading to a positive attitude:

> [mother] Although I'm almost 86, I don't feel old. I don't feel my age because of my family. They keep me young and I keep active. You don't get old when you have a family behind you. Everyone gets older. I don't worry about it but if I ever come to the point where all I do is sit in a chair and don't do anything, then I'll feel old.
>
> [mother] I'm pretty healthy. I'm not sick. I thought when I was younger that I'd pass away because I was so sick, but no.

[mother] I don't mind getting older. Maybe some people wish they were younger and all that sort of stuff but I don't. I just go along from one day to the other and sometimes I think that when you grow old you can be here today and gone tomorrow. [She then relates the recent experience of her sister-in-law's sudden death on her eighty-ninth birthday].

[mother] I often think you never notice the difference in the years. It just seems to be the same from day to day, but you known you're getting older just the same. I know I don't feel as good as I did. I can notice quite a difference in myself this last year. I can see that I can't do the things I could. I'm not so strong. It makes one feel kind of helpless, good for nothing. I don't think I'll have many years left, but you never know from year to year. My mother was 96 when she died.

[mother] I don't mind getting old. I'm pretty strong yet and I can get around some, about the house anyway. That's about what I can expect. When you're 85 you don't think about much of anything. I'm going to make the best of it. At my age what I can't do is alright. I don't have much say anymore.

[mother] Looking at life through my daughter's eyes keep me young.

Elderly daughters were much more influenced by recent or previous exposure to the aged in their expression of thoughts about aging:

[daughter] I'm more concerned about aging now that I see it in Mother. When I was young I didn't think about it even when I was living with older people such as my aunt and grandmother. I didn't think of myself as aging. That just didn't occur to me, but as I do get older, I wonder what condition I'm going to be in if I get to age 97. I wonder where I'll end up. Having visited the institutions in town where I may possibly have to place Mother and seeing all those people, it's not the prettiest of pictures. Some of them are in quite bad shape physically and mentally, but you have to take things as they happen. If you spent your time worrying about what might be in the future, well, you've shot your life. You have to be philosophical about it and just do the best you can and hope that you won't be too badly off.

[daughter] I hope to grow old gracefully although I've been dreading it... [aging]. [Because of a strong family history of hypertension and heart disease, she has fears of death at an early age.] I don't feel like backing off from anything, really, because of my age. I might because I'm too lazy but I want to keep doing things.

Two of the elderly daughters in the study associated aging with reduced activity and poor health so that, for them, aging had negative connotations:

> [daughter] Well, after working in the lodge, they talk of the 'golden years', 65 years and up, and I look at those old people and think, that there must be more to it because most of them aren't able to do much for themselves anymore.

> [daughter] I don't think anybody likes to grow old. No, you get the feeling that you can't do the things you did before and you feel kind of useless. I don't know how it will be [aging] I think about it. I often wish that I was able to do more with my hands, work a bit more.

For one elderly daughter, aging was a positive experience, which she appeared to have accepted:

> [daughter] Getting old doesn't bother me at all. It's how I feel that counts and I feel good so I don't feel old at all. I feel good about it. It just doesn't bother me, never has. I feel sorry for people that let age bother them because they're so busy fighting age that they're missing a lot out of what they can get out of life. Why dwell on age? Everyone gets older...

Perception of aging was a highly personal response to a variety of both past and present influencing factors in the lives of the elderly mothers and daughters.

In conclusion, for all dyads, the perceived health status of the elderly mother was the most significant factor affecting change for members of the dyad. Elderly daughters in congenial dyads were positive toward aging and elderly daughters in antipathetic dyads had negative attitudes toward aging. All elderly mothers had positive attitudes toward aging.

Death

Death of Father

In all of the dyads, father's/husband's death marked the turning point in the elderly mother daughter relationship. Several elderly daughters mentioned that they had always felt closer to their father than to their mother. It is after their father's death that they changed their perspective of their mothers; they began to feel closer to their mothers, and started doing more things with them. One elderly daughter remembered consoling and comforting her mother after her father's death and at that time she saw her mother in a new light:

> [daughter] Even the night he died I was just so thankful to have my mother. With our arms around each other we said we had each other, and I know Daddy would want her kept happy. He was very devoted to her. Daddy's death took such a chunk out of my life that it took me a couple of years to recuperate.

After their fathers' deaths some elderly daughters did more things together with their mothers. In one dyad elderly mother and daughter began travelling extensively after husband's/father's death. The elderly mother said that she and her husband had never travelled because her husband did not care to do so. Daughters also participated more in decision making with their mothers after their fathers' deaths. In one dyad the elderly daughter provided both instrumental and emotional support to her mother after her father's death. Father had always made the major decisions in the family. After he died, the elderly mother kept her housekeeping tasks as before, but left decision making, such as financial decisions, to her elderly daughter.

Death of Mother

All elderly daughters in the study acknowledged that their mothers were old and that their mothers' death may be near. In congenial dyads there was a tremendous consciousness of death of the elderly mother by the elderly daughter. There was realization by some that life is not eternal and that one must face the possibility of living without one's mother. Thoughts of the adjustments and assessment of one's coping skills were inherent. Time took on a new meaning.

The realization that death was final promoted a sense of urgency for elderly daughters, a sense that there may be little time remaining and one must make the best of it. These daughters wished to ensure that their mothers were living the fullest life possible:

> [daughter] At least Mother is having a nice length of time to get some of the happy things in and that's what I'm concerned about and have been for a long time.
>
> [daughter] She should be able to have lots of happy times to make up for lots of hard times when there was no money and that kind of thing.
>
> [daughter] There's a satisfaction to me that she is having some of the nice things in life.
>
> [daughter] I feel like doing nice little things like a little trip to a friend of hers on the week-end...

Daughters in congenial dyads reported grave concern about loneliness and being left alone after their mother died:

> [daughter] I will just miss her so much. I know I can't have her forever and I just hope she'll be spared as long as the Lord wills.
>
> [daughter] When Mother was really sick, I was devastated almost, and feeling as if nobody else or nothing else mattered.
>
> [daughter] When she was sick this time, I came home to the house and it was just like ashes, you know. It just didn't mean anything.

[daughter] I think if she [mother] goes ahead of me, maybe I'll have quite a few lonely hours.

[daughter] If she does happen to go it's going to make it different for me, lonesome without her.

[daughter] I'm going to miss her.

Some elderly daughters seemed to be resigned to the fact that they would have to face up to their mothers' death:

[daughter] I guess I have to submit to it if she does have to go. She is an old woman.

[daughter] I'm not going to have my mother forever. I realize that.

[daughter] If it happens, it happens [mother's death]. You can't do anything about it.

[daughter] When she's not here I'll probably be doing other things that I'm not going to do now...

Elderly daughters sometimes felt guilty for their desire for freedom, which was restricted by their commitment to their mothers:

[daughter] I almost feel guilty about wanting freedom you know because I haven't been tied down long and I want to have her so it will mean that I am tied somewhat in the near future and maybe for quite a while.

[daughter] I don't think I want this freedom that badly especially now that I'm retired.

[daughter] The minute she gets another heart attack I'm going to be just devastated because I'll figure, that's it. It will be a case of do you want what you want when you get it.

[daughter] That's why I'm doing things to make her happy now and then when Mother is dead than I've done my share.

Elderly mothers, although they didn't all admit to being old, often acknowledged that they felt their years were numbered. Some elderly mothers had tried to prepare their daughters either by openly talking about their death or by reassuring themselves that their daughters would be well taken care of such as in terms of adequate

housing and financial resources. In this study many elderly mothers had a sense of total trust in their daughters, saw value in their relationship and realized that their daughters could be elsewhere but had chosen to live with them. Elderly mothers consequently felt a sense of responsibility regarding the welfare of their daughters after their death.

Daughters in antipathetic dyads, rather than wanting to maximize their mothers' remaining years wanted to, instead, maximize their own remaining years and thus felt frustrated at their mothers' insistence on staying at home rather than going to a nursing home to be "looked after." There was a feeling that their mother had already lived a full life and that they sensed their own life running out while living with their mother. For these two elderly daughters their mother's death would be a deliverance.

Death of Daughter

Several elderly mothers indicated fear of losing their daughters through accidental death or illness. They voiced concern over the safety of their daughters which perhaps pointed to an insecurity or fear about being left alone:

> [mother] I get a bit anxious [about my daughter] if she's away with the car and doesn't come home when I think it's time and sometimes I walk the floor a little bit, watch the lights, but I don't get too upset, you know. I don't go calling people or anything. I just wonder if she's had an accident. She has a good car but sometimes it's the innocent one that gets it.

> [mother] Sometimes I'm scared that something will happen to her [daughter]. I'm so scared about her, you know. Sometimes she isn't feeling good you know and I'm scared. I tell her I'd like it if I could pass away before her. Well she says, 'No Mama, no, no.' Well I say, we may not stay together much longer. The time is coming. I'm 91 you know, you never can tell. I feel fine but you never know.

[daughter] Mother worries. She figures when I go out that I'll fall or something like that or somebody will rob me but I never take money.

Elderly daughters also acknowledged that they could well die before their mothers but it was evident that they believed the probability of their mothers' death was more imminent.

The elderly daughters tried to visualize what their lives would be like without their mothers. Except for the two daughters in antipathetic dyads, there was a feeling of wanting to keep their mothers as long as possible and of wanting to provide the best possible environment and do all they could to maximize the time remaining.

While elderly mothers and daughters in congenial dyads freely discussed thoughts and concerns about death, those in antipathetic dyads did not do so. Furthermore, mothers who were dominant in the dyad more freely discussed death than mothers who were submissive.

Feelings about Institutionalization

In this study the issue of institutionalization was very salient for all elderly mothers and daughters. There was much outside pressure for institutionalization from physicians and other family members in three dyads, however, there was also support from outsiders to the family for remaining at home.

In all dyads, but one, all institutions, including lodges were generally viewed as one category, a "home", and were viewed negatively by all elderly mothers [except by the mother who lived in one]. Most elderly mothers and daughters were not aware of the wide array of housing accommodations available to the elderly. Very few had ever

visited these institutions but relied chiefly on hearsay on which to base their very strong views. In congenial dyads all elderly daughters had a negative attitude toward institutionalization of their mothers. In antipathetic dyads elderly daughters had a positive attitude toward institutionalization of their mothers.

The dyad which was the exception, lived in a shared room in a lodge at the beginning of the study. Because of pressure from a family physician and the elderly mother's son both elderly mother and daughter moved into a nursing home, a move that the elderly mother refused to make without her daughter, and a move which was resented by the elderly daughter but one which she felt obliged to make for the sake of her mother.

One elderly daughter had visited several nursing homes and kept the option open in the event that her mother's health would deteriorate to the extent that she would no longer be able to provide adequate care for her in the home. Her elderly mother preferred to remain at home with the assistance of a publicly funded weekly nursing service, rather than to be institutionalized.

In one dyad, the elderly mother was referred to enter a nursing home but the referral came as a complete surprise to both elderly mother and daughter. A call was received indicating that a place had been reserved for the elderly mother in a nursing home. The elderly mother and daughter describe their feelings as that of shock and dismay at never having been consulted about the application procedure, which had been undertaken by a family physician. Since neither elderly mother or daughter was interested in this move the issue was dropped.

Several other elderly mothers and daughters expressed strong feelings against institutionalization:

> [daughter] Never! I'll crawl on my hands and knees but I won't let her go! Mother's been with me all my life you might as well say. Why should I send her away?
>
> [mother] My family wouldn't allow that at all [nursing home placement]. No, I wouldn't want it and they wouldn't want it. I've got my home. What more do I need?
>
> [mother] She [daughter] wants me to move to a senior citizen's home but as long as I'm alright here, well here's my home.
>
> [daughter] I would encourage that sort of thing [daughter living with mother] if it meant keeping a person out of a nursing home. I'm very much against nursing homes. I think it's imperative to have nursing homes because there are people who can't be looked after but I don't want my mother in one.

Several elderly mothers and daughters, although they were opposed to nusing homes did not totally reject the idea but looked for alternatives:

> [daughter] Very often when you spout off about something that you're going to do, it turns out that you can't do that. The very fact that I mentioned not having my mother go to a nursing home, ever, may be an impossibility to maintain... If it came to the crux, you know, where I wouldn't be able to do anything or my health would be declining because of this, the nursing home would be an alternative. I think that we (family) would probably have to hire help and I'd supervise it. I would want to do that I think, rather than have her go.
>
> [mother] It might come to the time when I just have to [go to a nursing home].

In the study all elderly mothers shared their satisfaction with their present living arrangements, saying that they would have difficulty finding better accommodations elsewhere. Frequently a negative image of nursing homes was held but this image was rarely based on personal experience. Other negative connotations emerged in relation

to nursing homes such as viewing them as places where one "sends mother" or "is sent to". There was a connotation of loss of choice:

> [mother] My grandaughter's mother in law just went to a home. They say she's failed a lot since. She isn't the same person at all. She's got so quiet and she's different. My hearing aid technician told me I should stay at home. He said that he walks through 'homes' nearly every day and people just sit from one day to the other, just waiting for another day.

Several elderly daughters, however, considered nursing homes for themselves in the future, but felt repulsed at the thought of their mothers going. This perception could be related to the fact that the notion of a nursing home for their mothers was of a more immediate concern than for themselves.

All dyads welcomed outside assistance in the home such as in the form of a visiting nurse service or temporary relief from responsibility through the assistance of family or friends. Several dyads presently received a good deal of assistance in personal care functions but this assistance was seen as very different from abandoning home in favor of an institution. All dyads, as indicated earlier, were in receipt of some form of home nursing service, which was reported to be a very positive experience.

In summary, elderly mothers, with the exception of the one who lived in a nursing home, viewed institutionalization negatively. Elderly daughters in antipathetic dyads had positive attitudes toward the institutionalization of their mothers and daughters in antipathetic dyads had negative attitudes toward institutionalization of their mothers. All daughters reported that they would consider institutionalization for themselves in the future if required.

Support

Elderly mothers and daughters differed considerably in their perception of the adequacy of support. In some cases both elderly mothers and daughters shared similar sources of support such as a family network. Elderly mothers and daughters in antipathetic dyads did not acknowledge support from each other. In congenial dyads, both elderly mother and daughter took the support of the other for granted. This was particularly true for elderly mothers who frequently received little other visible support except for contact with family , neighbors, friends or from solitary activities. Yet, when asked directly for clarification as to whether their elderly daughters provided them with support most elderly mothers were surprised that they would be asked such an obvious question. Elderly daughters in antipathetic dyads did not rely on their mothers for support, a factor which was based largely on lack of affectional ties over the years.

Amount of Support Required

It was found that while elderly mothers depended mostly on help and support both from their daughters and from others, such as family visiting the home, they did not require as much external support as did the elderly daughters. The elderly daughters received more support from going outside of the home such as to social activities, although they also enjoyed visitors in their home.

Five out of seven elderly daughters mentioned the importance of looking after themselves and their own interests. For one elderly daughter, self sacrifice and service to her mother was more important than looking after her own interests. For the seventh elderly

daughter, the issue of supporting mother did not matter. Several elderly daughters mentioned the importance of being available to support their mothers but also freely discussed their need for other activities:

> [daughter] I would like to keep some sort of balance. I was thinking of trying to take some extension courses, the short ones so I wouldn't be away a lot of nights for weeks on end. I may do that. I need to look after myself so that I'll be better able to look after Mother.

None of the elderly mothers discussed the need for external activities or for a change in routine. On the surface it seemed that elderly mothers relied chiefly on solitary activities and on hearing about their daughters' activities for daily support and contact with the outside world. However, they also obtained tremendous support from either frequent or occasional visits or contact with family and friends.

The way in which support is perceived by the individual is crucial. Rather than counting and tabulating the number of calls, visits and contact hours, one's own perception of her situation is important. For example, it is possible that elderly mothers have a greater tolerance and adaptability for routine than elderly daughters. It may also be related to the greater burden of taking over many tasks by the elderly daughter which were previously accomplished by the elderly mother which led to greater stress on the elderly daughter and the inherent danger in her becoming overburdened and thus requiring a greater and different type of support from that required by the elderly mother. It may also be related to a lifestyle issue whereby elderly mothers may have generally been accustomed over the years to a more isolated and self reliant way of life in which they did not regularly

work outside the home and tended to live in remote or agricultural settings.

Support to Elderly Daughters

All elderly daughters obtained support from family members including brothers, sisters, children and grandchildren. This support was either expressive such as "talking things over", or instrumental, such as assistance with transportation, housework or banking. Nephews, nieces, aunts and uncles also played a supportive role in some cases, but to a lesser intensity.

Some elderly daughters mentioned strong family involvements. One elderly daughter said, "When one hurts, we all hurt." In some families, different members had different skills or areas of expertise for which they were called when their particular skill was required:

> [daughter] If it's a medical problem, I call my sister who is a nurse and the boy who is a doctor. For financial problems I call my older brother who tries to save us money at every turn.

Some elderly daughters received tremendous support from phone calls and letters, or were just comforted in knowing that support would be available from family members if required.

Some elderly daughters obtained support from girlfriends by talking things over with them, going shopping together, or having lunch together. Neighbors also played an important supportive part for some.

> [daughter] I get support from talking things over with my friends. Sometimes it's good to have someone from the outside to discuss things. I don't take the advice too seriously until I get into my little corner and then I really think about it.

> [daughter] I have wonderful neighbors. I'll phone my neighbor across the street sometimes when I'm away and tell her that Mother is alone in the house and to please go over and visit her. She does. Then if anything goes wrong such

> as if the ambulance comes, the neighbors all come. They even lock up the house for me."

Some elderly daughters received support from their participation in outside activities such as volunteering as a poll clerk, or in hospitals and community agencies, going to the opera, taking courses, involving themselves in church choirs and committees, taking music lessons, or going on trips.

Other types of support for the elderly daughters came through the assistance they received from family, neighbors or friends in obtaining transportation to go grocery shopping. At times family members or neighbors did shopping for them. Sometimes family members supplied home made food or farm produce. The support also frequently came in the form of handyman services from children, siblings or other family members. Help was also obtained in interpreting applicable Government programs such as repair grants for seniors. Others found help in transportation to go to the doctor, the store or the bank.

Some elderly daughters found it important to find meaningful activities to do at home, thus keeping them physically closer to their mother. These activities included researching the family history, letter writing, translating books into braille for the visually impaired, gardening, crafts, meditation, bible study, reading and watching television.

Support to Elderly Mothers

By far the most important support for elderly mothers was obtained from their families in which they had tremendous pride. Visits, calls, written correspondence and reunions were cherished:

> [mothers] I feel sorry for people who are not happy with their families. I feel sorry for them because they don't

know what they're missing and sometimes I just stop and think that I have nothing to worry about.

[mother] I often wonder at people who don't have families, you know. My son is very good and his daughter and wife too. They're doing everything they can for my daughter and I. It's wonderful.

[mother] There's always somebody dropping in [nephews, nieces, grandchildren and children].

Elderly mothers frequently engaged in solitary and sedentary activities in the home such as knitting, cooking, housekeeping, watching television, listening to the radio and reading:

[mother] I stay here in the house sometimes when my daughter goes to visit a neighbor. I don't go anywhere, just stay home. Where would I go? No, no, that's not good for me, I don't want to go anywhere.

Several elderly mothers mentioned travel as a salient activity but one which was not essential to their life satisfaction and one which was only undertaken with family. Visiting family was also considered to be an important activity for some elderly mothers.

Elderly mothers obtained certain support measures from children, grandchildren and neighbors such as transportation to the doctor, having groceries and food supplies from the farm or store brought to them and help in maintaining the yard:

[mother] My grandson comes here to cut the grass and take care of the outside things and he tells me that he'll shovel the snow too, that I shouldn't worry about it. I'm not going to cross my bridges until I get to them.

One elderly mother mentioned extra consideration by her daughter who resided outside of the home as supportive such as when she bought things she knew her mother will enjoy in addition to the items in the grocery list. Sons often assisted by providing handyman help and also assistance to interpret Government programs for seniors. One elderly

mother was thankful to her grandchildren and daughter who lived outside of her home and who called daily to check on her.

Some elderly mothers entertained friends in their home. Others mentioned that many of their good friends were now deceased so they visited with their daughters' friends or friends of the same ethnic background when possible.

Failed Attempts to Get Support

Some elderly daughters tried unsucessfully to rally the support of siblings by asking them to care for their mother so that the elderly daughter could take a holiday. The elderly daughters felt hurt and bitter about other siblings not assisting when asked. For one elderly daughter this resulted in game playing. Rather than asking her brother directly if he could take the elderly mother into his home, would simply phone him and state that she was going on a holiday. She would then wait for an offer by her brother to take the elderly mother. If the offer was not forthcoming, she cancelled her holiday plans and felt bitterness toward both the brother and mother and general dissatisfaction with her lot. The elderly daughter's bitterness grew out of her feeling that her brother ought to have recognized the demanding nature of her situation and should have responded to her request for help. This elderly daughter also wanted the support of her nieces but was likewise unable to obtain their support:

> [daughter] I have nieces here in the city but they don't phone very often. It's funny, you have relatives here in the city and that's how it is.

Another elderly daughter after asking her sister to come and stay with her mother to no avail, was bitter toward her sister for a time but later rationalizes that she was indeed having a holiday every day

anyway and resigned herself to her situation. Neither elderly daughter had considered hiring someone to stay with their mother on a short term basis. The elderly daughters in each of the two above cases did not share their plans for a holiday with their mother but rather planned to inform their mother after all final arrangements had been made.

Expected Support from Family

Several elderly mothers and daughters expressed very definite feelings about what they felt children should do for their parents. The following quotations illustrate some of these feelings:

> [daughter] Mother has been good to me. She helped me raise my family so now I have the opportunity of helping her. I can't pay her back fully for what she's done for me but I can certainly help some.

> [daughter] I think a child should help his parents because they sacrificed a lot for him at one time and if you can help them any way they need help then you should do it. That's what I'm doing because I think that when I needed help Mother was always there.

> [mother] I think children should help their parents when they can. My children seem to do more for me than I realize. I don't ask for it but they just come and say that this or that will be done. I think it shows that the children are thinking of you. They're concerned. So many people when their children get married off, are on their own. The children forget Mothers. I've seen cases of it, maybe not intentionally, it just happens. Time goes on and they get wrapped up in their society. I think, it's nice that my children stick close. At least it's a satisfaction to me and it must be to them too.

> [mother] I think children should help a little bit, not have all the responsibility but they should help out in different ways. I haven't come to needing help, you know, like financial help or anything but I know it would be there if I needed it.

> [mother] Not all children 'do' for their parents anymore. In my time, children as a rule took care of the older people because there weren't homes and things like that, but now children don't want to be bothered with older people. They just wouldn't be content to have the old folks in with them. That wouldn't be any good anyway so it's better this way... My daughter (living outside her home) looks in on me and I'm

> in touch with her and her family. I don't expect them to dish out money to me because I have enough. I get along fine with my pension.

It is clear that elderly mothers are much more comfortable with the concept of living with a single daughter than with a married daughter or family member who has a family. For some elderly daughters the concept of repayment of debts incurred as a child, to their mother prevailed. There was a sense of duty or obligation to care for one's mother as she has once cared for her as a child.

From this study it is evident that elderly mothers were not abandoned by their families but rather remained very involved with their children and obtained a great deal of satisfaction and support therein. Many elderly mothers however, tended to perpetuate the popular myth that generally children of this generation tend to abandon their parents although they recognized themselves and their children as the exception to this popular misconception. Sons play an important role in support for their elderly mothers:

> [mother] "I've always been very close to the family. If they don't hear, they phone or something, you know. And there's five of them, but the two boys are right here in the city. They're wonderful. You can have all the girls you like but there's nothing like big boys.

Notwithstanding some mothers' attachment to their sons, in most cases, it is obvious that the elderly daughter is the elderly mother's chief confidante and companion. This is summarized by one elderly mother who says, "My daughter is the only one I ever ask for anything."

Religion

All elderly mothers and daughters addressed the issue of religion and each differed in her religious involvement. All elderly mothers perceived that some type of spirituality was important in their lives. However, because of declining health none of the elderly mothers were able to attend church. Two of the elderly mothers considered church attendance essential to continued participation in religion and since they were now unable to attend church, they felt that religion was no longer important in their lives. The other mothers found other ways of compensating for loss of church involvement such as listening to religious programs on the radio or television, having the Bible read to them by their daughters, and by receiving clergy and church friends in their home. One mother was concerned that her children didn't share her religious values. Several elderly mothers expressed their feelings about religion as follows:

> [mother] Religion is very important to me, you know. I lay down before I go to bed and I pray. It get up in the morning, wash my face, comb my hair and pray. I can never go to sleep without praying.

> [mother] There are as many ways to get to heaven as there are to cross the sea. I hope to get to the other side and I will, if I can say I've hurt no man.

> [mother] I was brought up through a Lutheran school. Now religion is different you know, especially the children. They go to University and they get a lot of different ideas about religion. It gets so they think there is no such thing as the hereafter or anything. It bothers me because I like them to see and believe a little bit, like I believe, but of course they're all good. They haven't caused much worry to their parents.

The importance of religion differed considerably for the elderly daughters. Two elderly daughters considered themselves uninvolved in

religion by choice and this choice was a longstanding one. One elderly daughter changed her participation in religion. Instead of leaving her mother alone to go to church she now listened to religious radio and television broadcasts with her mother and read the Bible to her daily. For the remaining three elderly daughters, religion was important, but their uneasiness about leaving mother alone interfered considerably with participation in church. These elderly daughters have substituted other forms of spirituality for church attendance:

> [daughter] I'm a God fearing person. The way you're brought up, so you believe, but my religion to a point is that I like to help people and I feel that I'm a pretty good person. I don't need to rush to church for every little thing. Sunday, to me, is a special day so I try to have a special breakfast and supper for Mother and I. I like to go to church and hear a good sermon. It makes me feel good. I was trying it to begin with, when I first started looking after Mother but it was a mad dash in the morning and a mad dash after mass to get everything done so then I asked myself what I was trying to prove.

> [daughter] I go to church when I can because I would miss it if I didn't but if I can't make it because I can't leave Mother at that particular time than I don't worry about it. As far as I can, I like to go, but I'm pretty well confined to what I can do on my own.

One elderly daughter missed church only on one occasion when her mother was very ill. On other occasions, she either left her mother alone or hired someone to stay with her so that she could attend church. When this elderly daughter left her mother alone while attending church, she was uneasy:

> [daughter] I phone her from church. I try to keep track and if she wouldn't answer I'd just be frantic, you know, and I'd be bounding home... I'm concerned about doing what I should at the right time and a person needs guidance beyond themselves for that.

Although non attendance at church made a significant change in the lives of all elderly mothers, all had their own way of coping with the

situation and all were very accepting of their position. For most elderly daughters health of their mother was a big factor involved in the need to change their participation in church activities. None of the elderly daughters begrudged the change, which they saw as a necessary adjustment in lifestyle. The two elderly daughters who were uninvolved in religion by choice, both lived in antipathetic relationships with their mother.

Nursing Care

All dyads in this study received home nursing services. Although the nurse typically visited the elderly mother for the purpose of monitoring physical status, she also provided reassurance to the elderly daughter that she was providing good care for her mother. The nurse often provided other support services such as giving advice, making referrals or making ongoing assessments. Both elderly mothers and daughters reported that it was important for the nurse to "know" mother and to be professionally trained: each of these critical areas surrounding nursing care will be discussed in turn.

Monitoring Physical Status

The most common reason for home nursing care was to monitor the elderly mother's physical health status:

> [daughter] The nurse usually talks to the doctors about medications and things.
>
> [mother] The nurse comes in between the doctor's visits to check my blood pressure.
>
> [daughter] If I was worried about mother's cold she'd [the nurse] listen to her chest or something.
>
> [mother] The nurse kept me checked up, you know.

Support

An important aspect of nursing care was the psychological support and assurance it provided to both the elderly mother and daughter. The following quotations illustrate perceptions of this support:

> [daughter] The nurse checks Mom and I think Mom feels better for her coming.
>
> [daughter] It does take the pressure off me if the nurse says that her blood pressure is alright or whatever.
>
> [mother] It [the nurse's visit] makes me feel good.
>
> [daughter] The nurse helped to reassure me.
>
> [daughter] It's a reassuring thing, especially at the beginning, after Mother's heart attack.
>
> [daughter] It was nice to have someone say that her blood pressure was good and her pulse was good, because we didn't get to see a doctor for one month after she was home from hospital and it was a heavy responsibility on me, wondering if she's getting along, and I'm not a nurse.
>
> [mother] It [the check up by the nurse] was a satisfaction to my daughter. She is afraid that I'm putting her off, not telling her everything.
>
> [daughter] I'm isolated here and have the whole responsibility of Mother, so I'm thankful to have someone else come in [the nurse].

Although elderly daughters mentioned that the support of the visiting nurse was important for monitoring the physical status of their mother, even more important was the nurse's assurance that the daughter was providing good care to her mother.

"Knowing Mother"

Most elderly mothers and daughters stressed the importance of having the same nurse visit over time. One elderly mother mentioned a particular nurse who had visited her in her home for seven years. The elderly mother liked this nurse and knew her well in terms of her personality and routine:

[daughter] I called her by name and she was such a comical character. It's nice to get someone from the outside to come in and talk, you know, so I was lucky to get the nurses.

Nurses, because they were professionals and particularly if they had been involved in the household over time, provided continuity of care and gave an objective evaluation of the situation, thus providing support to both elderly mother and daughter. This support was in the form of recognizing subtle changes in mother's condition and reinforcement that the elderly mother's health was good and that the elderly daughter was providing good care:

[daughter] I like nurses to know Mom and me as well. It takes any doubts I might have out of my mind. It also frees me to phone the nurse, knowing that she will be able to relate to my situation.

[daughter] I worry when we get a new nurse, that she won't be good, that she will be too slap happy or just there for the dollars.

[daughter] Mother was in the hospital and like the nurses there too, but with nurses coming to the home, they become more of a friend.

[daughter] There is that friendship thing that's important. It's easier to work together if you have that friendship relationship.

"Knowing Something"

Several elderly daughters discussed the importance of having "trained" nurses who "know something" provide home care services to their mothers. One elderly daughter felt that trained nurses were more familiar with the normal aspects of aging. Another elderly daughter, who was thinking about the future, felt that if her mother became an invalid, she would want a nurse to provide her mother with morning and afternoon care in the home rather than sending her to a nursing home. Elderly daughters' perceptions of having trained nurses were summarized as follows:

> [daughter] You see, as a lay person I rely on professionals to help and the professionals I depend on are the nurses who come to our home. It gives me a sense of security. I want them to feel free to tell me if I'm doing something wrong. Then we can work as a team and I don't feel as alone when I'm here looking after Mother every day.

Several elderly daughters were apprehensive about a recently established program whereby the nurse was being replaced by a nursing attendant to provide mother's personal care:

> [daughter] It's the second month now that we've had no nurse and I'm beginning to feel it. Because Mother is not the complaining kind, I never know if something is wrong. She may have a rash or something but she'd be too modest to tell me. She'd tell a nurse but she's not open about personal things to me... Mother doesn't like to have me bath her. She's very modest and she doesn't want me doing it. I curl her hair, see to it that she has clean clothes, set up the bath and from there on to when the toenails and fingernails are done by the nurse, that's it.
>
> [daughter] I like to have a nurse [rather than the nursing attendant] come over to bath mother. It relieves me.

It is clear that home visiting nurses played an important part in the well being of the elderly mother daughter relationship. Consistency by the same nurse getting to know both elderly mother and daughter as a friend gave a sense of security especially to the elderly daughters. The elderly mothers in turn benefited from this sense of security in that their daughter's security resulted in a more relaxed atmosphere in the home. Elderly daughters frequently felt alone with the responsibility for their mothers. Nurses assisted by providing monitoring of physical status and task performance, however, and perhaps more importantly, they provided another essential nursing function of supporting the elderly daughter. Support was provided by sharing the care of the elderly mother with her daughter by reassuring the daughter that she was providing her mother with good care, and being a trustworthy friend.

Nurses, to be effective in the home must "know mother" and "know something." Thus it is important to have consistency of care by well educated nurses who are knowledgeable about aging and about elderly family relationships.

CHAPTER V

DISCUSSION

Each of the fourteen elderly mothers and daughters in the study had her own unique perception of the interactional patterns in the dyad. Each woman's statements about her thoughts and feelings regarding the relationship provided insightful information about the dynamics of the relationship. The use of several methods of data collection provided abundant sources of data. The process of qualitative analysis resulted in identification of relationships among the data and enabled discovery of the meaning of the dyadic experience for these women.

Delimitations of the Study

Various limitations are evident in the present study. These are largely unavoidable. Involvement of additional family members would have yielded much richer sources of data; however, to include others was not feasible for this study. Because a convenience sample of volunteers was utilized, it is possible that they may have had different characteristics than others who would have been unwilling to participate in the study. Some information was recalled and some material was reflective, and since ideas, thoughts, feelings and perceptions may change over time, there may have been problems associated with retrospective data. This study, having several data gathering interviews and participant observation with each of seven elderly mother daughter dyads is limited in scope in that one cannot be

certain of how the elderly mother and daughter interacted in previous years.

One cannot assure accuracy of responses in that subjects may have given socially desirable responses. Defense mechanisms such as denial may inhibit subjects from responding to some questions in a particular manner, especially those of a more personal nature.

Interviewees, knowing that the researcher was a nurse, frequently wanted to share their health concerns. Several initially had some difficulty understanding that the researcher was not a nurse associated with the nursing agency presently utilized in the home. This misinterpretation may have resulted in the researcher's being told about more health related concerns than would otherwise have been expected. Because the researcher was a nurse referred to the interviewees by their community nurse, however, interviewees readily felt comfortable in participating in the study and in sharing information with the researcher.

Other predictable difficulties were a direct result of some interviewees' sensory deficits. Many interviewees were very hard of hearing and required special consideration in regard to the interview setting. One would question whether signing a consent was relevant or appropriate for these interviewees. Reading and signing the consent was problematic for several elderly mothers due to language and literary limitations or poor eyesight.

Because of their advancing age, interviewees had a long and important history to share. Frequently the conversation needed to be gently guided back to the topic at hand. It was at times difficult to obtain clarification of comments made at a previous interview because

interviewees could not recall making the comment even once reminded of the context in which the comment had been made.

For some, discussion brought back painful recollections and tears. The researcher had to be particularly sensitive to acknowledge the pain and not put undue strain on the interviewee. Conversely, several interviewees had some difficulty sharing at the level of feelings.

Discussion of Findings

Each dyad in this study had its own unique interactional pattern which, for the most part, remained stable and consistent over time. These patterns of interaction were complex, guided by a long history of events and feelings accumulated over the years. Because family relationships are so complex, there may not be any unitary motivations for the present interaction pattern, however, as stated by Troll (1980), parent child attachments are perceived as exceptionally strong interpersonal bonds throughout the life course.

Types of Relationships

Two types of relationships emerged from the data. The first type of relationship was congenial, and was found in five of the seven dyads studied. The second type of relationship was antipathetic, found in the remaining two dyads. In the five congenial dyads, there was a sense of companionship. This included perceived closeness, love, concern, devotion, exchange, sharing and voluntary association between the elderly mother and daughter. In antipathetic dyads, both elderly mother and daughter lived under a sense of forced tolerance and led very separate and isolated lives.

There were various patterns of dominance and subordination within both types of relationships. Patterns of dominance or subordination did not change with time, nor did they affect the degree of congeniality or noncongeniality of the relationship.

Living Arrangements

Members of two dyads had not lived together on an ongoing basis throughout their lives. For the members of the remaining five dyads, living together throughout life, although verbally unplanned, was seen as a normal progression of events in the course of life. For five elderly daughters, helping their mother gave them a purpose in life. Living together was a mutually satisfying experience provided that the association was voluntary and that each member had the same expectation of the relationship. When these conditions existed, a strong affectional bond between elderly mother and daughter persisted even though certain changes, such as in level of activity, occurred over time.

Freedom

Perceived freedom and health were important components in the lives of all elderly mothers and daughters. Freedom included several broad categories of freedoms; to live where one wants, to do things at one's own pace, to be independent, or to be dependent. Elderly mothers typically led more sedentary lives than their daughters. Some elderly mothers relished the freedom to be sedentary after years of hard work, but others were depressed by a sedentary lifestyle.

Health

Troll (1979) indicates that poor health contributes to dependency and typically leads to negative feelings. In this study, when one was

unable to meet certain expectations about health, frustration frequently resulted. These findings support Comfort's (1976) contention that one's self concept is a significant factor in determining one's interpersonal relationships.

Comparison to Others

Elderly mothers typically compared themselves to peers who were in a more unfavorable position in respect to health and freedom. Several elderly daughters, compared themselves to peers in an unfavorable position in relation to themselves while others compared themselves to peers in an enviable position. Still others did not have a root of comparison or compared themselves to older people.

Role Stability

Although Gelein-Larson & Heiple (1981) stress that changes occur in the daughter role as parents age, the mother daughter role in this study remained relatively stable over time. Tasks were frequently exchanged or relinquished as health circumstances demanded, thus changing the content of roles. However, the fundamental nature of the roles did not change; mother was still mother; daughter was still daughter -- both viewed themselves as such. This study therefore negates the concept of role reversal and supports the concept of unidirectionality of the life course as advocated by Rogers (1970). According to the concept of unidirectionality, one advances along a life continuum, moving forward and never in reverse.

Kahn & Antonucci (1981) stress that roles consist of many activities that one is expected to perform as part of the role. According to Huyck (1974) roles include expected behavior, privileges and responsibility. Rosow (1976) describes roles as consisting of the expected

behaviors considered appropriate to any set of rights or duties. In this study, roles were more than a set of expected behaviors, tasks or activities. Roles were a state of existence determined by interaction and relationship with another person. Privileges associated with roles did not change as tasks and responsibilities changed. Tasks therefore were considered to be an essential component of a role.

Task Relinquishment

It was clear in this study that certain tasks, such as yardwork and shopping, had been relinquished by all elderly mothers. Some elderly mothers, because of poor health status, had relinquished many tasks to their daughter or other people. Other elderly mothers continued to perform most tasks as they had always done. The number of tasks relinquished was not related to the age of the elderly mother or to the willingness of someone to accept the relinquished tasks. For instance, one elderly mother had given up most of her housekeeping tasks, although there was no one to accept these tasks. This mother chose to accept a lower standard of housekeeping as a tradeoff. In the study, there was also evidence of temporary task relinquishment. Tasks were relinquished because of declining health status but these tasks were resumed once health status improved.

Task relinquishment and acceptance of task relinquishment is related to congeniality rather than to dominance or subordination of members of the dyad because relinquishment and acceptance of tasks occurred only in congenial relationships. While many tasks and activities previously involved within the role of mother and daughter had changed over the years, there was no evidence to support the concept of role exit in relation to task relinquishment within the role.

Conflict

Conflict was discussed by five of the seven dyads interviewed. The congenial dyads had better problem solving and communication skills, not fewer points of conflict. A sense of humor was observed in all congenial dyads, which enabled members to effectively deal with tense situations. In antipathetic dyads, conflict over petty issues was not resolved and conflict induced resentment between the elderly mother and daughter. This conflict often led to withdrawal rather than to open discussion of issues. Good conflict resolution ability was observed in congenial dyads whose members had a good sense of humor. This study confirms findings by Spark & Boszormeny-Nagy (1973) that imbalance in the reciprocity of a relationship is never static and unless it can be rebalanced it leads progressively to more tension.

Change

The most salient changes discussed by elderly mothers and daughters were those brought about as a result of declining health status. Most health changes led to decreased mobility and decreased sensory perception such as in loss of hearing or visual acuity.

Aging

Aging was not perceived as a negative attribute by all elderly mothers and daughters. Only daughters in congenial relationships with their mother had a positive attitude toward aging. This finding did not hold true for elderly mothers who all had positive attitudes towards aging. Most did not consider themselves to be old while some elderly mothers took great pride in being able to maintain their present lifestyle in spite of their age. For elderly daughters, feelings and attitudes toward aging were influenced by their exposure

to elderly people other than their own mother. Feelings about aging ranged from negative, to ambivalent, to positive. Perceived good health and maintenance of a personally desirable activity level generally led to a positive attitude about aging.

According to Knapf (1975) self acceptance comes from the common sense appraisal of one's advantages and disadvantages. Inherent in this self acceptance is a diminutive of feelings of guilt and inadequacy which lead to a lessening of tension and an increase in physical energy. According to Huyck (1974) the individual's self concept, or how he sees himself in relation to the world is the key to how he will grow older. The individual's sense of self includes both the self he wishes he were, the ideal self and the self as he feels he is. Only if the real self is similar to the ideal self will the individual feel good about himself, and have a positive self concept. In this study, elderly mothers' and daughters' perception of self were key to positive acceptance of aging. Daughters, although they had more apparent advantages such as better health and mobility than their mothers had a more difficult time accepting aging, probably because their image of self was insecure. For example, some daughters compared themselves to others in a more favourable position than themselves, whereas the mothers compared themselves to others in a less favourable position than themselves. Accordingly, elderly mothers had a more positive attitude toward aging than did their daughters.

Negative feelings about aging could result from insecurity about the future which seems shorter than one wishes it to be. Perhaps, for some, aging has come too quickly in a lifetime of unfulfilled expectations. Individuals frequently fear the unknown while one's perception

of the unknown may be influenced by society's negative perception of aging.

Death

There was a certain consciousness of death by both elderly mothers and daughters. The previous death of the mother's husband and the daughter's father seemed to intensify their appreciation of the fragility of life. Mothers typically considered each day to be a bonus, but they feared that harm might befall their daughters. Perhaps this fear was based on their reliance on their daughters and feelings of insecurity at the thought of losing their daughters.

Some elderly daughters thought frequently about their mother's future death and questioned their coping ability to deal with the event. Elderly daughters from congenial dyads expressed fear of being unable to cope with life once their mother died. Elderly daughters from the antipathetic dyads saw their own lives being time limited and they had an urgency to accomplish certain deeds not yet fulfilled. Sears (1981) attributes the adequacy of a person's adaptability to change on the precision and realistic quality of his expectancies about them. Expectancy is the main mechanism for anticipatory socialization. If the foresight is accurate, planning will be germane. If not, planning may be inadequate and counter productive. If so, the arrival of an unexpected event or occurrence will be painful and frustrating. Goodman (1980) stresses that as one grows older and begins to experience personal losses and to perhaps notice certain deficits in one's parents, one is sobered by the reality that loved ones do die. One may be unprepared for coping with feelings of impending loss and of being pushed to the front line of the generation, and facing one's own

mortality. From these data, it is apparent that elderly mothers and daughters in congenial dyads openly discussed the potentiality of death, and those in antipathetic dyads did not, and thus, according to Goodman (1980) and Sears (1981) they are more adequately prepared for death.

Institutionalization

The issue of institutionalization was salient for all dyads. All mothers voiced satisfaction with present living arrangements and expressed an overwhelming preference of living at home. The thought of institutionalization for all elderly mothers, except for the elderly mother who lived in an institution, was held in disdain. Congeniality of the relationship was important in shaping attitudes toward institutionalization. Elderly daughters in congenial dyads had a negative attitude toward the institutionalization of their mothers while those in antipathetic dyads had a positive attitude toward institutionalization of their mothers.

Support

Mothers and daughters, especially those in congenial dyads, who obtained a great deal of support from each other, both tended to take that support for granted. Johnson (1983) states that an equitable exchange is most likely in a spousal dyadic relationship where there is a complimentary set of needs. This type of complimentary relationship was evident in congenial elderly mother daughter relationships observed in this study. Johnson (1983) further states that one's support system is usually situationally determined and rests on the previous history of the relationship. In this study, in addition to mutual support, all elderly mothers and daughters obtained some support from outside family

members in both expressive and instrumental ways. However, several elderly daughters expressed frustration in unsuccessful attempts to rally concrete support from siblings.

As indicated by Johnson (1983) the principle of substitution often exists in that family members are available on a serial basis rather than on a shared basis to parents. This study is consistent with Johnson's (1983) conclusion because elderly daughters were largely responsible for coordinating the necessary functions of the household and family and elderly daughters gave precedence, either willingly or not, to their mothers. Also, elderly daughters were by far the most important and consistant source of support for their mothers.

All elderly mothers were widows and current literature indicates that children become more active in parental involvement once parents are widowed. The elderly daughters in this study were typically older than in most studies reported so far. Consequently all elderly daughters had already given up their employment. Their children, if they had children, were already adults and living independently.

This study also confirms Troll's (1979) findings that family members are important to the elderly both for support and as buffers against the pressures of various social institutions and the Government. The elderly mothers and daughters in this study were not abandoned by their families, a frequently debated myth.

Although elderly mothers were involved in more solitary, routine, in-home activities than their daughters, they perceived the support that they presently received from their daughter as adequate. This concept relates in part to Johnson & Bursk's (1977) findings that parents rated their relationship with their children higher than did

their children. While some elderly daughters were involved in meaningful activities at home in order to be closer to their mothers, they tended to be more involved in outside activities. They stressed their need to look after themselves and to get away, a need which was not discussed by any of the elderly mothers.

Several elderly mothers and daughters discussed the concept of duty and obligation in their relationship. Some elderly daughters felt the need to repay their mothers for the care they received as children. Similarly, some elderly mothers felt that their daughters should be available to help them as they had helped their daughters in previous years. Several elderly mothers stressed the importance of living with a single offspring in order not to interfere with the families of their other children. There is so far no available literature addressing these concepts.

Religion

Religion was salient to all elderly mothers and daughters with the exception of two elderly daughters who were uninvolved in religion by choice. Although none of the elderly mothers in the study were able to attend church, all accepted their position and compensated in other ways such as by listening to church broadcasts or by praying. For elderly daughters, the health of their mothers was the largest factor affecting the need to change religious involvement. For some, religion was an integral part of their lives and served a social function. For others, spirituality in the form of meditation replaced organized religion. Religiosity and congeniality were related in that daughters who were religious were involved in congenial dyads while daughters who were not religious were involved in antipathetic dyads. This dichotomy

did not hold true for mothers. Although it is well beyond the scope of the study to draw conclusions about the impact of religion, one might postulate that religious commitment helps to develop attributes of acceptance, love, and tolerance as these were characteristics of all congenial dyads.

Nursing Care

Several elderly mothers and daughters had strong positive feelings about the nurse visiting them at home. Although nurses typically visited the elderly mother regarding a physical problem, the elderly daughter characteristically received a great deal of support, reassurance and security from the nurse. As well as providing emotional support to the elderly daughter, the visiting nurse shared the task of caring for mother. The nurse provided a definate stabilizing force in the household and often became a family friend and confidante. Certain tasks performed by the visiting nurse, such as bathing mother, ensured the privacy of the elderly mother and relieved her elderly daughter as well. Troll's (1980) statement that if bathing is what a mother does only to an infant, an adult daughter who must bath her elderly mother could be as upset as her mother, is relevant.

Consistency of care by having the same nurse visit on a regular basis was important to both elderly mother and daughter. Both wanted this nurse to "know" mother in order to be able to notice subtle change in health. A nurse who "knows" both elderly mother and daughter would be better able to notice subtle changes in health, both physically and emotionally. Because it takes some time to establish a relationship of trust and rapport, the same nurse should provide as much of the required nursing care as possible to give a form of stability to the

household. Even if the nurse visits only on a monthly basis, she would note changes if she was the same nurse who visited in previous months. Also, because it is often difficult for elderly mothers to visit their doctor, especially during the winter months, nurses who visit the home on a regular basis would provide a regular assessment. Several elderly daughters referred to the importance of the nurse to "know" mother.

Elderly daughters stressed the importance of having "trained" nurses who are professional and who "know something", to ensure that care and guidance based on sound knowledge of the aging process be obtained. These results indicate that while present home nursing programs are not formally considering the needs of all household members, it is extremely important to do so, and may well be cost efficient in the long run. For instance, present guidelines in various nursing organizations require a medical entry to justify a nursing visit. A nurse, then is not encouraged to spend nursing time with other family members, time for which the nursing agency will not be monetarily compensated. The recent notion of "caring for the caregiver" is important to consider. Archbold (1980) stresses the need to provide in home nursing services which benefit caregivers by providing direct assistance in care activities, assistance in strategy development and provision of information and referral services. Additionally, Archbold (1980) felt that nurses could directly monitor caregivers' health, provide counselling and possibly initiate educational, self-help and intergenerational family group programs.

Summary of Findings

In summary, the findings of this study suggest that in congenial relationships for both elderly mothers and daughters, there was more

effective task relinquishment and task acceptance, better conflict resolution, a better sense of humor, and a greater freedom to discuss death than in noncongenial relationships. Further, daughters in congenial dyads had stronger positive attitudes toward aging and change, stronger negative attitudes toward institutionalization of their mothers and stronger religious convictions compared to daughters in antipathetic dyads. Also, in congenial relationships, both elderly mothers and daughters had similar expectations of the relationship and also voluntarily appeared to be related to congeniality and willingly accepted the living arrangement.

Elderly mothers and daughters who had a good sense of humor were in a congenial relationship. They had better conflict resolution skills, they more easily relinquished and accepted tasks, were more religious, and had a more positive attitude toward aging than those who lacked a sense of humor.

Elderly daughters who had a positive attitude toward aging and change were in a congenial relationship. They readily accepted relinquished tasks of their mothers, had a greater perception of freedom, were more religious, had better conflict resolution skills, had greater freedom to discuss death and a stronger negative attitude toward institutionalization of their mothers than those who had a negative attitude toward aging and change.

It is not the purpose of this analysis to imply causality between the variables. It is difficult to determine whether congeniality was the chief influencing variable or whether sense of humor, attitude toward aging, voluntary association, similar expectations, or other variables directly influenced congeniality.

Propositions Generated From the Data

There appears to be relationships among the variables in the study and further research using quantitative methods is warranted to measure these concepts and test their relationships. Hypotheses generated from the study include the following:

Congeniality in a dyadic relationship is related to more effective task relinquishment and task acceptance, better conflict resolution, a better sense of humor, and greater freedom to discuss death for both elderly mothers and daughters than noncongeniality.

Congeniality in a dyadic relationship is related to a more positive attitude toward aging and change, a more negative attitude toward institutionalization of their mothers, and greater religiosity in elderly daughters than noncongeniality.

Voluntary association of the elderly mother and daughter where both have similar expectations, enhances congeniality.

A good sense of humor is associated with congeniality, good conflict resolution skills, greater ease of task relinquishment and acceptance, greater religiosity, a more positive attitude toward aging, and greater freedom to discuss death for elderly mothers and daughters than a poor sense of humor.

For elderly daughters, a positive attitude toward aging and change is related to congeniality of the mother daughter relationship, greater acceptance of relinquished tasks, a greater perception of freedom, greater religiosity, better conflict resolution, greater freedom in discussing death and a more negative attitude

toward institutionalization of their mother than a negative attitude toward aging.

It is hoped that the results of this study will stimulate future research designed to test directly these hypotheses. Although dyadic research ensures the researcher of two perspectives on a given point, a broader understanding of the relationship in terms of the larger support network of the family could be gained by interviewing entire families. Dialogue with all family members would yield a much richer source of data.

Since very few familial studies have been done in Canada, replication of studies are of value for generalizing findings to Canadians. Studies from the United States, for instance, reveal different stressors, such as a markedly different pension system as well as health care system. Greater financial burdens are placed on families in this case. This is only one example of differences that exist between Canada and the United States but these types of differences can significantly affect generalizability of results from one area to another.

More longitudinal studies are needed dealing with the dynamics of aging family relationships. Atchley & Miller (1980) stress the need to focus on household units of older members in order to describe the relationship and interaction patterns. This type of research is important so that change or an interference in the relationship by illness for example, can be more fully understood. There is a great need for longitudinal research that would distinguish between short term period related effects and more enduring conditions. There is also a need for more observational and ethnographic studies.

The elderly dyads in this study were all in receipt of a nursing service in their home. It would be useful to study dyads in which no nursing services were in place and also dyads where many nursing services were in place. That, with a greater number of dyads over a longer period of time, would yield a much richer source of data. Research to explore other elderly dyadic relationships such as mother son or spousal relationships and the nurse's role therein are also needed.

More research much be done focusing on lifespan development in the later years. Results of this research may dispel many of the myths of aging which are so numerous. The significance of aging within the context of a dyad or family is not adequately understood either by those expanding on such theories as family and lifespan development theory, or by health professionals providing care to elderly individuals.

Nursing Implications

Because of their proximity to the elderly both in the home and in institutions, nurses are in a strategic position to enhance adult development and well being. Nursing administrators must become more aware of the importance of follow-up and consistency of personnel working with the elderly. Because of their age and long history, the elderly require much more time than younger people to assess. The inability or failure of a nurse to read significant physical and psychological signs in the elderly may mean that opportune moments to begin early treatment of a problem are missed. Glaser & Strauss (1971)

stress that experts are needed to read signs that may be unclear to non-experts. Nurses who are very well informed and have good assessment skills will recognize change in the elderly person or in the household or dyadic relationship and be better able to deal with the problem early in its development.

If the nurse herself is unable to resolve the problem she must act as a referral to another agency. In order to be effective in providing referrals, nurses must be aware of community resources, acting when necessary as a coordinator of community services to decrease fragmentation of care. Nurses, by being aware of appropriate community resources, including various available housing accommodations, can provide anticipatory guidance to the elderly family before a crisis occurs. Community resources may include respite placement or day hospital programs as an alternative to institutional or home care. The elderly and their families then can be assisted in making informed decisions, thus maintaining control over their situation.

Nursing education must not overlook the transition into the later years in their adult development courses. There is a great need for nurses to be aware of normal aging patterns to avoid the perpetuation of stereotypes of aging, one of which is that families typically abandon and neglect their elderly members. By providing accurate anticipatory guidance the elderly person's adaptability to expected changes may improve. This concept is verified by Sears (1981) who notes that expectancy, by providing an image for a future event that can be anticipated can lead to planning by the elderly person to rehearse the event and thus avoid frustration and denial associated with that event.

Assessment of an individual's support system is important for all age groups, however it is of particular significance for the elderly. Nurses must take time to assess the elderly persons' total support systems inside and outside of their household. This type of continuous assessment is particularly important in hospitals where nurses must look beyond visible or expressed needs of their patients. Time is required to assess the personal experience of the elderly person from his/her own perspective as a member of a dyad and/or family. Time must be allotted for verbalization of fears and expectations. Definition of adult health in terms of physical strength, energy and usefulness with which tasks are performed may deter appropriate assessment of the elderly. Similarly, judgements by health professionals about the ability of the elderly to recall details of health care techniques may not be appropriate methods by which to teach the elderly or by which to allocate health resources in later life. Because of decreased sensory perception in the elderly, for instance, methods which are appropriate to teach a young person may be totally inadequate to teach an elderly person.

Nurses can become politically aware and active in order to improve programs to the elderly. Similarly, nurses must be intimately aware of various Government programs available to the elderly in order to be better able to help people sift through the maze of application procedures and Government bureaucracy. Nurses, by being aware of Government departments responsible for programs salient to the elderly, can become client advocates such as in submitting briefs to change the status quo.

Self help programs could prove beneficial for the elderly to resolve feelings of guilt, unresolved conflict or simply to provide an

opportunity with which to have contact with and compare themselves to age peers. Several members of the seven dyads in the study had no comparison group and yet support was important. For these people, self help groups could lead to skill teaching courses such as in the areas of assertiveness, stress management or communication skills. Nurses in administering this type of program could use ingenuity to devise a means of coordinating a central meeting location enabled by certain available public transportation such as a disabled adult transportation system.

According to Zweibel (1980), adult children who share a common residence with an elderly parent experience greater concern for the parent. To this extent, availability of emotional counselling as well as services of a care taking nature could be useful for assisting in coping with filial responsibility. Provision of counselling and provision of services are two examples by which nurses through understanding the nature of the interaction between elderly mothers and elderly daughters could facilitate the interaction. Knowledge of the nature of the interaction could facilitate nursing assessments of the dyad and guide nurses in providing various support measures such as necessary community resources.

Nurses must be aware of and sensitive to potential risk factors involved in the family. For instance, where an inequitable situation exists such as when the elderly daughter's expectations are incongruent with that of her elderly mother's expectations, the family support system is vulnerable and some formal support may be required to restore symmetry or equivalence in the situation. By being educated in conflict resolution and basic counselling measures, nurses would be better

able to make appropriate referrals. Similarly, knowledge of role theory and the concept of role conflict and cognitive dissonance could help the nurse to cope with inconsistencies of expectations in family members.

Weishaus (1979) points out that because of the increase in three and four generation families, education for the later stages of the relationship with aging kin is essential in order to successfully negotiate late life transitions of family members and of one's own old age. Nurses could play a useful role as educators given new knowledge about elderly mother, elderly daughter dyads.

Nurses could play a part in helping the elderly mother and daughter understand the dynamics of their relationship and to work toward better expression of feelings so as to become more understanding of each other's struggles and problems. This foundation is essential in order to be able to make concrete, meaningful decisions about the relationship such as in deciding about necessary outside resources or in making decisions about a possible change in residence in the future.

Nurses can promote in the family an optimistic sense that the family can work together by focussing on strengths and providing assistance to mobilize these strengths. The dyad or family then can learn to problem solve together such as in trying to develop a sense of humor.

CHAPTER VI

CONCLUSIONS

In this study interactional patterns between elderly mothers and daughters in dyadic relationships were analyzed in order to gain a better understanding of elderly interactions with significant persons at home, thus guiding nursing care of this group. Present research was extended by investigating a largely unexplored area of interaction. It was intended primarily as an exploratory descriptive study and because of the limited number of dyads studied, results are not generalizable.

The use of inductive methodology including unstructured interviews and participant observation was a valuable means by which to observe elderly mother daughter interactions with as little structure as possible. The discovery of the experience for the individuals involved was thus facilitated, and allowed depth of exploration of concepts. More flexibility in responding was possible by the interviewees and the researcher also had the freedom of exploring responses in further detail.

Relationships and themes gradually emerged from the data during the ongoing analysis process. From the data, certain concepts emerged and relationships between concepts became evident.

While both congenial and antipathetic dyads were observed, patterns of dominance and subordination became evident in the elderly mother daughter relationship. This pattern appeared to have remained unchanged throughout the lives of the elderly mothers and daughters. The concept of role reversal is rejected in that only the content of roles may change but not the mother or daughter role itself.

Both elderly mothers and daughters typically compared themselves to peers in order to estimate their relative position. It is also apparent that congeniality, not patterns of dominance and subordination, is related to effective task relinquishment and acceptance, good conflict resolution, a good sense of humor and the willingness to discuss death, for both elderly mothers and daughters. Congenial dyads, had better problem solving and communication skills than antipathetic dyads, but not fewer points of conflict.

Further, daughters in congenial dyads had a positive attitude toward aging and change, a negative attitude toward institutionalization of their mothers and were more religious than daughters in antipathetic dyads. Similarly, congeniality was related to voluntary association of mothers and daughters and similar expectations of their relationship.

A good sense of humor was related to congeniality, good conflict resolution, task relinquishment and acceptance, religiosity, a positive attitude toward aging, and willingness to discuss death for elderly mothers and daughters.

For daughters there was a positive relationship between attitude toward aging, congeniality, task relinquishment, perception of freedom, religiosity, conflict resolution, freedom to discuss death and negative attitude toward institutionalization of their mother.

Future research is required to confirm the findings of this study by studying large samples of dyads and empirically testing the hypotheses generated from the study. This study makes a small but important contribution to nursing by exploring an unexamined area of human interaction.

Contribution to Nursing Knowledge

From these data it is clear that nurses played an important part in the elderly mother daughter relationship. Although nurses typically visited the elderly mother of the dyad to monitor her physical status and to provide assistance with activities of daily living such as bathing, elderly daughters also benefited from the nursing visit in a direct manner. Because many elderly daughters felt isolated and responsible for the care of their mothers, nurses, when visiting the mothers also provided reassurance that the daughters were indeed providing effective care for the mothers. Support was further provided by nurses to elderly daughters by sharing the care and concern for the elderly mothers and by becoming a family friend. It is evident that nurses, to be optimally effective in the home and to provide consistent care on a long term basis, must get to know mothers personnally and must be knowledgeable about normal aspects of aging and development.

Concepts derived from the study such as congeniality, humor, health, freedom, task relinquishment and acceptance, conflict, aging, feelings about death, institutionalization, support, and religion should well be considered by nurses in initial and continued assessment of the dyadic relationship. It is important for nurses to be able to recognize and enhance positive aspects of the interaction before any crisis occurs, or to mobilize these positive aspects in order to prevent a crisis from occurring.

This study is important for nursing because it takes the first step in examining an unexplored area of human interaction in which nursing practice will become increasingly involved. In order to

provide sound care for and promote the good health of persons living in these or similar living arrangements, it is essential to understand what each member brings to the relationship, the dynamics, the strengths and the weaknesses of the arrangement, and how each member develops within the relationship.

A sound understanding of how people in the dyad perceive their relationship with the other member is essential for the provision of quality nursing care aimed at improving the health and well being of the dyad. Awareness of the dynamics of the dyadic relationship will provide the required information for nurses and members of the dyad to anticipate problems earlier and to take preventative measures to avoid potential difficulties earlier than otherwise would have been possible.

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APPENDIX 1

Introductory Interview for

Both Elderly Mother and Elderly Daughter

Code number

Year of birth

Country of birth

Number of years living in same household

Number of siblings — where they live

Number of children — where they live

Education attained

Employment status

Past occupation

Health status — past
present

Outside community services received

Income — less than 15000
16000 - 20000
21000 - 25000
26000 - 30000
over 30000

Marital status

APPENDIX 2

Consent to Participate in a Research Study Dealing with the Nature of the Interaction Between Elderly Mothers and Elderly Daughters in Dyads Where Both are Over 60 Years

Having had the above study described to me by _____, I agree to participate in a Master's thesis research project being conducted by Rolande Gartner, a registered nurse and a graduate student in nursing. It is not the purpose of the visit to provide health care, but if health needs arise, referrals will be made as appropriate.

I consent to be interviewed and to have interviews audiotaped. I am aware that observations will be made by the researcher throughout the visit. I understand that:

a) I am free to deny any answer to specific questions during interviews.

b) I will not have to talk about any subject I do not wish to discuss.

c) The interviews will be held in confidence and will be used only for the purpose stated above.

d) My name and the names of any of my family members will not be disclosed at any time.

I understand that I am free to terminate any interview at any time with no consequence. I am free to ask questions at any time.

_____ _____

Signature Investigator

_____ _____

Date Date

APPENDIX 3

Unstructured Interview Guide

1. Tell me, how did you come to live with your mother/daughter?
2. What was your mother/daughter like years ago?
3. Could you describe for me a typical day?
4. Compared to other people your age how do you view your life?
5. Tell me, what is most important to you in life?
6. How do you feel about getting older?
7. Does religion play a part in your life?
8. What were some of the key events that you remember in your life?

APPENDIX 4

Letter of Explanation

Date _____

Dear

I am a student in the Masters in Nursing Program at the University of Alberta. I am presently involved in a study of the helping relationship that exists between elderly mothers and their daughters. This research, I feel will be very important, as little is known about the caring that exists between these two people, or if any needs exist that are not being met.

I wish to invite you both to participate in the study. I will arrange an appointment to meet with you on several different occasions. During this time I will be observing you both separately and together. Each visit will be at a time that is convenient to you and will take approximately one hour.

If you have any questions, please do not hestitate to contact me at:

9277 - 54 Street; Phone: 466-2045

I can usually be reached in the evening, or through my advisor,

Dr. J. Morse
Faculty of Nursing
Clinical Sciences Building
University of Alberta
Phone: 432-6250

Thank you very much for your participation in this very important project.

Sincerely Yours,

Rolande Gartner